FORM 5

UNIVERSITY OF LOUISVILLE

**College of Education & Human Development**

**Master/Doctoral Change of Advisor/Committee Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student:** |  |  |  |  |
|  | (Print Name) |  |  | (Signature & Date) |
|  |  |  |  |  |
| Student e-mail |  |  |  |  |
| Student Id#: |  |  |  |  |
|  |  |  |  |  |
| **Department:** |  |  |  |  |
|  |  |  |  |  |
| Degree Program: | M.A.  Ph.D. | Program Area: |  |  |
|  | M.S.  EDD. |  |  |  |
|  |  |  |  |  |
| Current Advisor(s): |  |  |  |  |
|  | (Name) |  |  | (Signature & Date) |
|  |  |  |  |  |
| Requested Advisor(s): |  |  |  |  |
|  | (Name) |  |  | (Signature & Date) |
|  |  |  |  |  |
| Reason for Change: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other Changes: | Preliminary Exam | | Final Oral Exam | |
|  |  |  |  |  |
| Current Member(s): |  |  |  |  |
|  |  |  |  |  |
| New Member(s): |  |  |  |  |
|  |  |  |  |  |
| Department Chair |  |  |  |  |
|  | (Name) |  |  | (Signature & Date) |
| Associate Dean for Research and Graduate Studies |  |  |  |  |
|  | (Name) |  |  | (Signature & Date) |

SPRING 2015