

UNIVERSITY OF LOUISVILLE
College of Education & Human Development
Master/Doctoral Change of Advisor/Committee Form

Date: _____

Department: _____

Student: _____
(Name) (Signature)

Student ID #: _____ Student's e-mail: _____

Degree Program: M.A. Ph.D. Program Area: _____

Current Advisor(s): _____
(Name) (Signature)

Requested Advisor(s): _____
(Name) (Signature)

Reason for Change: _____

Other Committee Changes: Preliminary Exam Final Oral Exam

Current Member(s): _____

New Member(s): _____

Department Chair _____
(Name) (Signature)

Associate Dean for Research and Graduate Studies _____
(Name) (Signature)

Return form to CEHD Research Office, Room 123

For Official Use Only
Date of School of Interdisciplinary and Graduate Studies notification: _____