

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:	<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D.	Program Area: _____
	<input type="checkbox"/> M.S. <input type="checkbox"/> EDD.	
Current Advisor(s):		
	(Name)	(Signature & Date)
Requested Advisor(s):		
	(Name)	(Signature & Date)
Reason for Change:		

Other Changes:	<input type="checkbox"/> Preliminary Exam	<input type="checkbox"/> Final Oral Exam
Current Member(s):		
New Member(s):		

Department Chair		
	(Name)	(Signature & Date)
Assistant Dean of Graduate Studies		
	(Name)	(Signature & Date)