



Request for Change in Advisor

Instructions:

1. TYPE required information. * indicates required field.
(You will need the [free Adobe Acrobat Reader version 5.0 or higher](#) to type your information into the fields.)
2. Attach appropriate documentation if applicable. (Include name and campus ID on all attachments.)
3. Submit completed form to the Graduate Advising Manager (Lynaye Stone, Suite 1100 or via email (lstone5@wisc.edu)).

STUDENT INFO

*PhD or DNP Program	*Campus ID	*Email Address	
*Last Name		*First Name	*Middle Initial
*Date		*Student Signature	

REQUEST ADVISOR CHANGE

For a **change in advisor**, please list your old advisor's name and the proposed new advisor. The program coordinator, as necessary, may assign a new advisor.

Current Program Advisor	Name	*Signature
New Program Advisor	Name	*Signature

APPROVAL (For office use only)

Reviewed by Graduate Advising Manager (signature)	Approved _____	Date
	Discussion needed _____	
<input type="checkbox"/> SIS Campus advisor change completed <input type="checkbox"/> SON database change completed <input type="checkbox"/> Original placed in student file		