

Master of Science in Counseling Program

Request to Change Advisor

Student Name (please print)	Signature	Date
Requested Advisor	Signature	Date
Original Advisor	Signature	Date
Dept. Chair (if necessary)	Signature	——————————————————————————————————————

Process if requested change is related to interpersonal tensions or general incompatibility:

- 1. Meet with your current advisor for discussion, or inform them of the change
- 2. Get permission from requested advisor
- 3. Receive approval from

ion: Student File, Current Advisor, New Advisor, Graduate College, Student Services (dual option and school Program only), Registrar Office.