

NORTHEASTERN STATE UNIVERSITY

Graduate College 601 N. Grand Ave. Tahlequah OK 74464 (918) 456-5511 ext. 2093

REQUESTING A CHANGE OF ADVISOR ONLY IN MY MASTER'S DEGREE PROGRAM

Please submit this form to your Program Chair for approval. The Program Chair will then forward the form to the Graduate College for processing.

Name:			SSN:	
Address:	City	St	ato	Zip
I request the following change in my stu	5			zip
Current Program:				
Current Advisor:				
Requesting New Advisor (Name):				
Reason for change:				
Student's Signature				Date
NOTE: Upon approval of this form the advisor to assure all documentation is in		hould make ar	appointmen	t with the new
REQUEST HAS BEEN: APPROVED	DENIED			
Program Chair:				
New Advisor Assigned:		Contact No.		
Previous Advisor: Previous advisor please send your file	to the abo	ove listed new	advisor for ti	his student.
Processed by Graduate College and writi	en notifica	tion mailed to s	student on: [Date: