



WAYNE STATE

College of Nursing

CHANGE OF ADVISOR REQUEST FORM

Student Name:

Last Name

First Name

M

WSU Student ID Number:

Date of Change Request:

Current Faculty Advisor:

Dept.

Current Advisor's Research Area:

Notified Faculty Advisor of Change:

Dept.

Requested Faculty Advisor's Research Area:

Reason for requested change of faculty advisor:

Are the respected faculty advisors aware of request for change?

YES

NO

Current Advisors' Signature:

Date:

Requested Faculty Advisors' Signature:

Date:

Student Signature:

Date:

Director of Doctoral Programs:

Date:

Cc: Present Advisor

Requested Advisor

Student

Doctoral Program Director

OFFICE OF STUDENT AFFAIRS

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