



CHANGE OF ADVISOR REQUEST FORM

Texas A&M University-Commerce
OFFICE OF GRADUATE STUDIES

DATE: _____

CWID: _____

STUDENT'S NAME: _____

STUDENT'S EMAIL: _____

DEGREE/MAJOR: _____

CURRENT ADVISOR: _____
(print name)

NEW ADVISOR: _____
(print name)

Approved by:

New Advisor: _____
(signature)

Dept. Head: _____
(signature)

Graduate Dean: _____
(signature)