

DIVISION of ACADEMIC AFFAIRS School of Graduate Studies

CHANGE OF ADVISOR FORM

Student's Name:	Last First Middle			Date:	//	
_	Last	First	Middle			
Student's I.D.:			Degree Program: _			
				Date:	/	
Current Advisor's 1	Name and Si	gnature				
				Date:	/	/
Current Program C	oordinator's	Name and S	Signature			
				Data	,	1
New Advisor's Nar	me and Signa	ature		Date: _	/	/
				ъ.	,	,
New Program Coo	ordinator's N	ame and Sig	nature	Date:	/	
I request to change	academic ad	lvisors.				
				Date: _	/	/
Student's N	ame & Signa	ature (manda	atory)			

Please return this form to:

School of Graduate Studies
University of Maryland Eastern Shore
Engineering and Aviation Science Complex, Suite 3046,
Princess Anne, Maryland - 21853, Phone # 410-651-6507,
Email: graduatestudies@umes.edu