MINNESOTA STATE UNIVERSITY MANKATO

Change of Advisor and/or Committee Member

Tech ID _____ Date _____

Name _____ _____ _____
Last First Middle Initial

Address _____ _____ _____ _____
Street/PO Box City State Zip

Phone _____ E-mail _____

In which program are you currently enrolled? _____

I hereby petition the Dean of the College of Graduate Studies and Research for a change in Advisor and/or graduate committee member(s) as indicated below:

Complete this section if you wish to request a change in advisor.

Present Advisor

_____

_____
Required Signature Date

Proposed Advisor

_____

_____
Required Signature Date

Complete this section if you wish to change a member of your advisory committe.

Present Graduate Committee

_____

_____

_____

Proposed Graduate Committee

_____

_____

_____

Approval

_____ _____
Advisor Signature Date

Approved

_____ _____
Department Graduate Coordinator Date

_____ _____
Graduate Studies Signature Date

After the Graduate Coordinator signs this form, please submit to the College of Graduate Studies and Research.

Submit completed form to the College of Graduate Studies and Research
Alumni and Foundation Center Room 115
Email: grad@mnsu.edu