

DEPARTMENT OF MECHANICAL AND AEROSPACE ENGINEERING
REQUEST TO CHANGE GRADUATE FACULTY ADVISOR

Student Name: _____ Degree: _____

Degree Area: _____

Current Advisor (please print): _____

Signature of Current Advisor: _____ Date: _____

New Advisor (please print): _____ Date: _____

Signature of New Advisor: _____ Date: _____

Effective Date: _____

Explanation of request:

Chair, Graduate Affairs Committee

Date