Change of Advisor Form

Student Name: _______________________________________________________________

UID#: ________________________________ E-mail address: _____________________

Current Proposed

Advisor: _____________________________  _____________________________

Major Area: □ Circuits & Embedded Systems  □ Circuits & Embedded Systems
□ Physical & Wave Electronics  □ Physical & Wave Electronics
□ Signals & Systems  □ Signals & Systems

Advisor Signature: _____________________________  _____________________________

Date: _____________________________  _____________________________

A student may change his advisor, and possibly at the same time his major area of study, if he can find a new advisor who is willing to accept him, and if his existing advisor agrees to the change.

The signatures above are accepted as the agreement by both faculty members to the change of advisor. No further authorization is needed, and the change becomes effective as soon as the signed form is received by the Student Services Office.

cc: Both advisors

**Do Not Write Below This Line**

☐ Entered  ☐ Emailed  _________________ Date _________________ Initials