

HORP Graduate Program Change of Advisor Form

Date: _____

Student's Name: _____
Print

Current Advisor's Name: _____
Print

New Advisor's Name: _____
Print

I confirm that I will be the new academic advisor for the above mentioned student and I accept all responsibilities of being their advisor.

New Advisor's Signature: _____ Date: _____

Student Signature: _____ Date: _____

Return this form to the Graduate Program Officer.

Do Not Write Below This Line

Date Submitted: _____

Graduate Program Officer Signature: _____

Former Advisor Signature: _____

Cc: HSOP Office of Research and Graduate Programs
Student File