

EASTERN CONNECTICUT STATE UNIVERSITY
GRADUATE DIVISION

CHANGE OF ADVISOR

Date _____ ID# _____

Last First Middle

Mailing Address

City State Zip

Phone (H) _____ (W) _____

Email _____

Current Program _____

Request to change advisor:

Current Advisor _____

New Advisor _____

Approved by:

Student _____ Date _____

Current Advisor _____ Date _____

New Advisor _____ Date _____

Dean _____ Date _____

C: Student
Current Advisor
New Advisor