

Request to Change/Add Faculty Advisor or Field of Study

Name _____ Date _____

UM ID Number _____ E-mail Address _____

Faculty Advisor

I request permission to change my faculty advisor as indicated below

Current Faculty Advisor _____

New Faculty Advisor _____

Field of Study

I request permission to change (or add) my field of study as indicated below

Current _____

New/Add _____

If this request involves a change in the field of study, attach an outline that shows courses you will take to fulfill the requirements of the curriculum associated with the field of study you are switching into. It is suggested that students request degree audits from the Office of Academic Programs reflecting new field of study.

Approvals

Your current and new (if applicable) faculty advisor must approve this request:

Current Advisor's Signature _____ Date _____

New Advisor's Signature _____ Date _____

Return this completed form to the Office of Academic Programs, room 1520 Dana.

For office use only:

Initial and date

_____ Email Julia Thiel at Rackham (juliat@rackham.umich.edu)

_____ File original form in student's OAP file