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

Last Revised 06/22/2017