



## Change of Temporary Advisor

Please return this form to the COE Office of Graduate Studies at [gradstudies@wsu.edu](mailto:gradstudies@wsu.edu)

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ WSU ID: \_\_\_\_\_

Master's Degree: \_\_\_\_\_ Doctoral Degree: \_\_\_\_\_

Degree Program: \_\_\_\_\_

### New Temporary Advisor Information

New Advisor Name: \_\_\_\_\_

New Advisor Signature: \_\_\_\_\_

*By signing the above you accept the responsibility of acting as this student's temporary advisor*

### Former Temporary Advisor Information

Former Advisor Name: \_\_\_\_\_

Former Advisor Signature: \_\_\_\_\_

### Department Chair

Department Chair Name: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_