



College of Education

Change of Temporary Advisor

Please return this form to the Office of Graduate Studies in Cleveland Hall 70.

Date: _____

Master's:

Doctoral:

Name: _____

ID#: _____

Degree Sought: _____

Program: _____

New Temporary Advisor

Old Temporary Advisor

Advisor

Advisor

Advisor Signature

Advisor Signature

Above sign accept the responsibility
of acting as this student's temporary
advisor.

Chair, Department