CHANGE OF ADVISOR FORM

Student’s Name: ___________________________________ Date: _____/_____/_____
Last           First          Middle

Student’s I.D.:_____________________ Degree Program: ____________________

I request to change academic advisors.

______________________________________________  Date: ____/____/_______
Student’s Name & Signature (mandatory)

______________________________________________  Date: ____/____/_______
Current Advisor’s Name and Signature

______________________________________________  Date: ____/____/_______
Program Coordinator’s Name and Signature

Please return this form to:

Graduate School
Early Childhood Development Center, Suite 1137
University of Maryland Eastern Shore, Princess Anne, MD 21853