

Andrews University

School of Graduate Studies

Application for New Advisor

First Name _____ Last Name _____ ID# _____

Email _____ Degree _____ Major/
Concentration _____

Bulletin Year _____ Department _____ Date _____

I agree to the change of advisors.

Current Advisor _____

New Advisor _____

Student Signature _____ Date _____

Department Chair _____ Date _____

College Dean _____ Date _____

Academic Officer, Graduate Studies _____ Date _____