

Change of Advisor Form

HOWARD UNIVERSITY SCHOOL OF EDUCATION
APPLICATION FOR CHANGE OF ADVISOR

Name: _____

Date: _____

I.D. Number: _____

Request permission to change my advisor from: _____

To _____

Because (provide reason/s; this is optional): _____

_____ Approved

_____ Disapproved

Proposed new
Advisor: _____

_____ Approved

_____ Disapproved

Departmental
Chairperson: _____

- If the proposed change is approved, the student's records must be forwarded to the NEW advisor

Cc: Current Major Advisor
Coordinator of Current Program
Departmental Chairperson