

REQUEST FOR CHANGE OF GRADUATE FACULTY ADVISOR FORM

Date:		
Student Name:		
College and program:		
TCU Email:		
Phone number:		
TCU Student ID:		
Present advisor:		
Requested advisor:		
Reason for change (check all that ap	oply):	
☐ Faculty member no longer advisi	ng	
☐ Faculty member no longer at TCl	J	
☐ Change in the program area or re	esearch focus	
☐ Scheduling conflicts		
☐ Other (please explain)		
Student Signature	 Date	
New Advisor's Signature	 Date	
Department Chair Signature	 Date	