Doctoral change of advisor form

Please complete and return this form to the Graduate Programs Office in Cushing 202. For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: ________________________________

Student’s Name: ____________________________________________________________

Address: ___________________________________________________________________

Phone: _____________________________________________________________________

Email: _____________________________________________________________________

Former Advisor (please print): _________________________________________________

Signature: __________________________________________________________________

New Advisor (please print): _________________________________________________

*Signature: __________________________________________________________________

*Signature indicates agreement to serve as advisor

**Associate Dean’s Signature: ________________________________________________

**Signature indicates approval of change of advisor

Revised_Aug_2014