

DEPARTMENT OF FOOD SCIENCE AND HUMAN NUTRITION

MASTER/DOCTORAL MAJOR ADVISOR CHANGE FORM

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| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Student Number:** |  |
| **Date:** |  |  | | |

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| --- | --- | --- | --- | --- |
| New Advisor’s Name: |  |  | | |
| New Advisor’s Signature: |  |  |  |  |
|  |  |  |  | **Date** |
| Present Advisor’s Name: |  |  | | |
| Present Advisor’s Signature: |  |  |  |  |
|  |  |  |  | **Date** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chair or Director’s Signature: |  |  |  |  |
|  |  |  |  | **Date** |

Consult the Graduate Handbook on preparation of a letter request of advisor change that must accompany this form.