

**Request to Change Master's Program Faculty Advisor  
or Field of Study**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
(print name)

UM ID Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Faculty Advisor**

I request permission to change my faculty advisor as indicated below

Current Faculty Advisor \_\_\_\_\_

New Faculty Advisor \_\_\_\_\_

**Field of Study**

I request permission to change my field of study as indicated below

Current \_\_\_\_\_

New \_\_\_\_\_

*If this request involves a change in the field of study, attach an outline that shows courses you will take to fulfill the requirements of the curriculum associated with the field of study you are switching into. It is suggested that students request degree audits from the Office of Academic Programs reflecting new field of study.*

**Approvals**

Your current and new (if applicable) faculty advisor must approve this request:

Current Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

New Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed form to the Office of Academic Programs, room 1520 Dana.**

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For office use only:

Initial and date

\_\_\_\_\_ Email Julia Thiel at Rackham (juliat@rackham.umich.edu)

\_\_\_\_\_ Update "Graduate Application Processing Record" inside the front cover of the student's OAP file

\_\_\_\_\_ File original form in student's OAP file