

Request for Change of PhD Department Advisor Form  
Department of Geographical Sciences – University of Maryland

By signing and submitting this form, the student request a change in her/her PhD advisor. By signing this form, the students' current advisor acknowledges that the student has discussed this change with him/her and agrees to the change. By signing this form, the proposed new advisor acknowledges that the student has discussed this change with him/her and agrees to serve as the student's PhD advisor. Change to take effect upon approval of Graduate Director.

Name of Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Current Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Proposed New Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Graduate Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_