

Department of Linguistics

Appointment/Change of Graduate Faculty Advisor

Date: _____

Student Name: _____

Student ID#: _____

Telephone: _____

Name of Previous Advisor (if applicable): _____

Changing Advisor Note:

*Students changing advisors are not required to inform their previous advisor.

New Advisor Information:

Print New Advisor Name

Signature

Print Name (Co-Advisor)

Signature

Student Signature

Date