



UNIVERSITY of WISCONSIN
UWMILWAUKEE
 College of Letters and Science
 Department of Biological Sciences

CHANGE OF ADVISOR

Student Name	
With the approval of both my present advisor and new advisor, I wish to switch labs/advisors from _____ to _____, starting as of _____.	
Student Signature	Date
Present Advisor	Date
New Advisor	Date
Graduate Program Director	Date
Comments	
Resolution of Credits	

OFFICE USE ONLY

Graduate School Notified _____
Initials Date

Student Record Updated _____
Initials Date