M.S. in Computer Science

Change of Advisor Form

STUDENT NAME: _____ UWM ID: _____

EMAIL ADDRESS: _____ Phone: _____

DATE of REQUEST: _____

Current Advisor's Name: _____

New Advisor's Name: _____

Reason for change (e.g. for Capstone or Thesis advising, etc.):

APPROVALS (Signature/Date):

Current Advisor: _____
(Required if currently supervising student on Capstone Project or Thesis)

New Advisor: _____Date: _____

Graduate Program Representative: _____ Date: _____

Revised 11/2237