UWM MS Kinesiology
Change of Advisor and/or Primary Area of Study

Student:

Current Advisor:
Current Primary Area:

Proposed Change to Advisor:
Proposed Change to Primary Area:

Please provide reason(s) for change:

Graduate courses, credits and grades completed to date:

Graduate Course Title & Number	Credits	Semester Completed	Grade

Signatures:

_____ _____
Current Primary Advisor **Date** **New Primary Advisor** **Date**

_____
Graduate Program Coordinator **Date**