

## Department of Psychology

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## **CHANGE OF ADVISOR or CO-ADVISOR FORM**

Date	
Student requesting change	Student #
Previous Advisor or Co-Advisor:	
New Advisor or Co-Advisor	
Reason for change	
Acknowledgment/Consent of previous ar	nd new advisors or co-advisors
(Signature)	
(Signature)	<del></del>
(Signature)	
	Student Signature
	Associate Department Head (Graduate) Signature