

13.4 Advisor Change Request

**Department of Speech and Hearing Science  
Advisor Change Request**

Date: \_\_\_\_\_

This is to certify that the

Advisor of: \_\_\_\_\_  
(student name) Name. # or Student ID #

Has been changed from: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
Signature of New Advisor

\_\_\_\_\_  
Signature of Graduate Studies Committee Chair  
Or Department Chair