

## VANDERBILT UNIVERSITY REQUEST TO APPOINT/CHANGE ADVISER

IMPORTANT: Prior to adviser appointment, this form should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, the new adviser, and the student, copied for the department or program file, and submitted electronically to the **Graduate School HERE.** 

| TO: Associate l                  | Dean of the Graduate School  |             |      |
|----------------------------------|--|-------------|------|
| This is to reque                 | est the change of the following Adviser                                | for:        |      |
|                                  | (Student's Name)   |             | _    |
|                                  | (Student's I.D. Number)  in(Department/Program)  with(Current Adviser) |             |      |
| New Adviser(s) Please Type Name: |  | Department: |      |
|                                  |  |             |      |
|                                  |  |             |      |
| Stud                             | dent Signature   | Date        |      |
| Nev                              | w Adviser Signature  | Date        |      |
| Nev                              | w Adviser Signature  | Date        |      |
| Director of Gra                  | aduate Studies:  |             |      |
|                                  | Signature  |             | Date |

**Printed Name**