



UNIVERSITY OF MARYLAND

# ADVISOR CHANGE FORM

*(Please print legibly and submit to Student Affairs Office)*

ID# \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_ CLASS OF \_\_\_\_\_

Professional/Research Interests:

\_\_\_\_\_

Current Advisor's Name: \_\_\_\_\_

New Faculty Advisor: \_\_\_\_\_

Reason for Change

\_\_\_\_\_

**NEW ADVISOR'S CONSENT:**

\_\_\_\_\_  
[signature]

**For office use:**

Updated PORTAL: \_\_\_\_\_/Initial: \_\_\_\_\_

Updated EXCEL DOC: \_\_\_\_\_/Initial: \_\_\_\_\_

[v:registr/advchg]