

GRADUATE PROGRAM OFFICE
Department of Curriculum & Instruction
University of Wisconsin-Madison
Room 210-C Teacher Education Building, 225 North Mills Street
Madison, Wisconsin 53706-1795

Change of Advisor Agreement

This change will take effect when (1) all parties to the agreement have dated and signed it and (2) it has been filed in the Curriculum & Instruction Graduate Program Office.

I, _____ (ID# _____), have asked Professor _____ to serve as major professor and advisor during my pursuit of the _____ degree with concentration in the _____ (*) _____ area of the department. My present major professor and advisor, who will be informed of this change by the Graduate Program Office, is Professor _____.

(Date)

(Signature of Student)

I have agreed to serve in this capacity.

(Date)

(Signature of New Advisor)

* When your change of advisor also involves a change of area of concentration, a new statement of Reasons for Graduate Study must accompany the submission of this form.

cc: Graduate Program Office
Graduate Student
Incoming Advisor
Outgoing Advisor