

**UAB SCHOOL OF PUBLIC HEALTH
CHANGE OF ADVISOR
REQUEST FORM**

Date of Request: _____

Student Name: _____ Student Number: _____

Student Address: _____ City/State/Zip: _____

I understand that it is my responsibility to obtain the signatures of my current and new advisor as well as the Department Chair or Designee and assure that this form is delivered to the Office of Student and Academic Services for processing. I also understand that the change is not official until all signatures and approvals have been obtained.

Signature of Student

Date

PLEASE CONSIDER THIS A REQUEST FOR CHANGE OF ADVISOR

FROM:	_____ Current Advisor Name	_____ Current Advisor Signature
TO:	_____ New Advisor Name	_____ New Advisor Signature

APPROVALS:

DEPARTMENT CHAIR OR DESIGNEE

ACADEMIC AFFAIRS DEAN

**PLEASE RETURN TO
Office of Student and Academic Services
RPHB 130**

* Copies: OSAS (Original) * Department * Student