Department of Educational Leadership and Policy

**Request Form: Change of Faculty Advisor**

***To be completed by Graduate Student***

**Name**: Click or tap here to enter text. **UT EID**: Click or tap here to enter text.

**Graduate Program**: Choose an item.:

**Briefly state reason(s) for this request**:

Click or tap here to enter text.

**Current Faculty Advisor**: Click or tap here to enter text.

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Faculty Signature Date

**NEW Faculty Advisor**: Click or tap here to enter text.

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Faculty Signature Date

**Effective date for Change in Faculty Advisor**: Click or tap here to enter text.