

DEPARTMENT OF MECHANICAL AND AEROSPACE ENGINEERING

REQUEST TO CHANGE GRADUATE FACULTY ADVISOR

PhD Student Name (Print First Last Name) _____

PID # _____ Today's Date (mm/dd/yy) _____

Current MAE Faculty Advisor (Print First Last Name) _____

Signature of Current Faculty Advisor _____ Date _____

_____ New MAE Faculty Advisor OR _____ New Co-Faculty Advisor (Print First Last Name and Department)

Signature of New Faculty Advisor _____ Date _____

New Faculty Advisor: Please list the funding plan for the PhD student

Reason for Change, Additional Comments

Effective Date of Change (mm/dd/yy) _____

****After completing above info/signatures, submit form to PhD Graduate Coordinator to obtain GCC approval****

Signature of Chair, Graduate Curricular Committee _____ Date _____