



Request for Change of Advisor

Please complete the form below and return it to the College of Graduate Studies.

BRIDGEWATER STATE UNIVERSITY

FAX: 508-531-6162

College of Graduate Studies

Maxwell Library, Rm. 019

Bridgewater, MA 02325

****PLEASE PRINT****

Student's Name: _____

Date: _____

BSU Banner ID: _____

BSU E-mail address: _____

Current Program: _____

Current Advisor: _____

Date of Acceptance: _____

Student's Signature: _____

Request Approved By:

Graduate Program Coordinator: _____

Signature

Date

Current Advisor: _____

Signature

Date

New Advisor: _____

Signature

Date

New Advisor: _____

Print Name

Date