

# MINNESOTA STATE UNIVERSITY, MANKATO

College of Graduate Studies and Research, 115 Alumni Foundation Center,  
Mankato, MN 56001, Phone: 507-389-2321, Fax: 507-389-5974

## Change of Advisor and/or Committee Member

_____		_____	
<b>Tech ID</b>			<b>Date</b>
Name _____			
	Last	First	Middle Initial
Address _____			
	Street/PO Box	City	State Zip
Phone _____		E-mail _____	

In which program are you currently enrolled? \_\_\_\_\_

*I hereby petition the Dean of the College of Graduate Studies and Research for a change in Advisor and/or graduate committee member(s) as indicated below:*

Complete this section if you wish to request a change in advisor.

**Present Advisor:** \_\_\_\_\_  
(please print)

\_\_\_\_\_  
Signature date

**Proposed Advisor:** \_\_\_\_\_  
(please print)

\_\_\_\_\_  
Signature date

Complete this section if you wish to change a member of your advisory committee.

**Present Graduate Committee (please print):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Graduate Committee (please print):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval:

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

*After the Graduate Coordinator signs this form, please submit to the College of Graduate Studies and Research.*

Approved:

_____	_____	_____	_____
Department Graduate Coordinator	Date	Graduate Dean	Date