WAYNE STATE UNIVERSITY

College of Engineering
Department of Computer Science

CHANGE OF ADVISOR FORM

Student Name _____

WSU Email ID _____ Banner ID # _____

DEGREE PROGRAM: ☐ MS   ☐ PhD

Original advisor _____

New advisor _____

Reason to change _____

_____

SIGNATURES

Student_____ Date_____

Original Advisor _____ Date_____

New Advisor _____ Date_____

Graduate Program Officer _____ Date_____