



TEXAS WOMAN'S
UNIVERSITY

Department of Family Sciences
Change of Graduate Academic Advisor
Student Request Form

Student Name: _____ Student ID: _____

Degree Level: Master's PhD

Program: Counseling & Development Early Childhood Development & Education
 Family Studies Family Therapy

I respectfully request that my graduate academic advisor be changed from:

_____ to _____

Current Advisor Signature: _____ Date: _____

Requested Advisor Signature: _____ Date: _____

For Department Use Only

Date Received: _____

Department Chair Decision: Request Approved Request Denied

Rationale:

Department Chair Signature: _____ Date: _____

Date student notified: _____

If approved and if student has a degree plan on file, the Graduate School must be notified.

Date Graduate School notified: _____

In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.

Revised March 2018

Department of Family Sciences

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