



Change of Advisor Form

Date _____

This is to certify that the advisor of:

OSU ID #: _____ Email Address: _____

Has been changed from:

Prof. _____ Circle Area (ECE / ESL / ISS Other _____)

To:

Prof. _____ Circle Area (ECE / ESL / ISS Other _____)

Signature of Graduate Student

This advisor assignment is: Temporary

Permanent

Signature of Current Advisor

Signature of New Advisor