

**Department of Counselor Education Documentation  
Change of Advisor Form**

**Instructions**

Print the following information and obtain required signatures. Submit the signed original and two photocopies to the Graduate Coordinator.

**Required Information**

Student Name \_\_\_\_\_

UFID \_\_\_\_\_

Date change is to be effective \_\_\_\_\_

Remove  
Faculty Advisor/Supervisory Committee

Add  
Faculty Advisor/Supervisory Committee

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

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

**Required Signatures**

Student \_\_\_\_\_ Date \_\_\_\_\_

Current Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

New Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Graduate Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**For Department Use Only**

Updated Supervisory Committee form completed with Graduate School.

Completed by: \_\_\_\_\_ on Date: \_\_\_\_\_

Original – Student File  
Copy – Faculty Advisor  
Copy - Student