

ST. CLOUD STATE UNIVERSITY™

A tradition of excellence and opportunity

School of Graduate Studies REQUEST TO CHANGE GRADUATE PROGRAM ADVISER

Name _____
Last First Middle Previous

SCSU E-mail _____ SCSU Student ID _____

Current Address _____
Number & Street City State Country Zip

Home Phone _____ Cell Phone _____

Current Adviser _____

Proposed Adviser _____ New Adviser's Signature _____

Program Enrolled in _____

My reasons for making this request are as follows:

Additional space is provided on the back. Please check if you used the back

Signature _____ Date _____

The student must obtain the signature of the Graduate Coordinator and the new adviser before returning this form to the School of Graduate Studies.

Graduate Coordinator/Director Date

Dean, School of Graduate Studies Date

Approved
 Disapproved

Return to: School of Graduate Studies
121 Administrative Services Building
720 Fourth Avenue South
St. Cloud, MN 56301-4498

Phone 320.308.2113
FAX 320.308.5371
E-mail graduatestudies@stcloudstate.edu

SCSU is an affirmative action/equal opportunity educator and employer.

This material can be given to you in an alternative format such as large print by contacting the department/agency listed elsewhere on this document.

PS3

For Office Use Only

Date Notified _____

Student

Student File

Previous Adviser

New Adviser

ADDITIONAL ANSWER SPACE

INSTRUCTIONS FOR COMPLETING THIS FORM

Graduate Policy

Advisers

Students are assigned an initial adviser upon admission to a program; however, students sometimes change advisers after taking some courses and meeting faculty who share their area of interest. A change of adviser must be approved by the new adviser, the chair or graduate coordinator of the academic unit, and the Dean, School of Graduate Studies. A Change of Adviser Form must be submitted to the School of Graduate Studies for the change to be effective.

Non-degree students who are taking graduate courses will not be assigned an adviser. However, they may ask a faculty member to serve as an adviser on an informal basis.

1. Provide complete information.
2. Obtain all required signatures.
3. Submit the completed, signed form to:
 - School of Graduate Studies
 - St. Cloud State University
 - 121 Administrative Services Building
 - 720 Fourth Avenue South
 - St. Cloud, MN 56301-4498
 - Or fax to 320.308.5371
4. Allow 5 to 7 days for review of your request.
5. A copy of this form with a decision will be sent to you through the U.S. Mail.