

**Advisor Change Request**

**Registration Services**

847.866.3905 | registrar@garrett.edu | 2121 Sheridan Road | Evanston, Illinois 60201 | 800.SEMINARY| www.garrett.edu

Please complete this form and obtain the *new advisor’s signature* of agreement and the director of the degree program’s signature of approval when indicated.

Return this form to the office of the registrar.

|  |  |
| --- | --- |
| Student's name: |  |
| Degree program: |  |
| My current advisor is: |  |
| Change my advisor to: |  |

**Director of degree program’s** signature (PhD, DMin, and MTS only):

|  |  |  |
| --- | --- | --- |
|  | Date: |  |

**New advisor’s** signature of agreement:

|  |  |  |
| --- | --- | --- |
|  | Date: |  |

**Typing name in signature field and sending from garrett.edu e-mail address constitutes signature.**

cc: current advisor

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