

M UNIVERSITY OF MICHIGAN
SCHOOL OF SOCIAL WORK

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Change of Advisor Form

Student Name: _____ Date: _____

I wish to have a different Social Work advisor. The signature of my future advisor indicates her/his agreement to serve as my new advisor.

Former Advisor Name: _____ Date: _____

*Former Advisor Signature _____

Future Advisor Name: _____ Date: _____

Future Advisor Signature _____

*It is optional for the student to obtain the former advisor's signature. If the form is returned to the Doctoral Office without the former advisor's signature it will be forwarded to her/him for signature.