

Kent State University
School of Teaching, Learning and Curriculum Studies
College of Education, Health and Human Services

REQUEST FOR CHANGE OF ADVISOR

Degree program: _____

Master's degree

Ph.D./Ed.S.

Endorsement

Student name: _____

Student ID number: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current advisor: _____

Requested advisor: _____

Reason for change:

Student signature: _____ Date: _____

Program Coordinator approval: _____ Date: _____