

Student Information:

STUDENT FIRST NAME	STUDENT LAST NAME	BANNDER ID (93#)	DEGREE PROGRAM
STUDENT SIGNATURE		DATE	

I request a change in capstone advisor.

Reasons for Requested Change – Select All That Apply:

_____ Adding a capstone co-advisor _____ Retirement of faculty member _____ Other

Sample Form

Change of Capstone Advisor – Please Add:

NEW CAPSTONE ADVISOR NAME	NEW CAPSTONE ADVISOR SIGNATURE	DATE
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Change of Capstone Advisor – Please Remove:

FORMER CAPSTONE ADVISOR NAME	FORMER CAPSTONE ADVISOR SIGNATURE	DATE
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Student Should Initiate

Approval of M.A. Program Director:

PROGRAM DIRECTOR NAME	PROGRAM DIRECTOR SIGNATURE	DATE
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Form in DocuSign

Action of Associate Dean for Academic Affairs:

NAME OF ASSOCIATE DEAN FOR ACADEMIC AFFAIRS

SIGNATURE	DATE
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IF DENIED, REASON:
