

**Student Information:**

STUDENT FIRST NAME	STUDENT LAST NAME	BANNER 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

Change of Capstone Advisor – Please Add:		
NEW CAPSTONE ADVISOR NAME	NEW CAPSTONE ADVISOR SIGNATURE	DATE
Change of Capstone Advisor – Please Remove:		
FORMER CAPSTONE ADVISOR NAME	FORMER CAPSTONE ADVISOR SIGNATURE	DATE
Approval of M.A. Program Director:		
PROGRAM DIRECTOR NAME	PROGRAM DIRECTOR SIGNATURE	DATE
Action of Associate Dean for Academic Affairs:		
NAME OF ASSOCIATE DEAN FOR ACADEMIC AFFAIRS		
SIGNATURE		DATE
IF DENIED, REASON:		

Once all signatures have been obtained, this form will route automatically to the SMS Registrar and all signers will receive a final copy.