

This form with appropriate signatures must be returned to the M.Ed. Office.

Note: This form is to be completed by graduate students who want to change their advisor / supervisor.
(For example: a student changing their supervisor to align better with their thesis topic)

Graduate students requesting a change in advisor / supervisor:

- (i) must have registered for the term and be in good standing;
- (ii) must have paid the term's fees, and must not have an outstanding student account balance;

Student Name: _____ Student Number: _____

Email address: _____ Year of Program: _____

CURRENT ADVISOR / SUPERVISOR:

Name: _____ Signature: _____

REQUESTED ADVISOR / SUPERVISOR:

Name: _____ Signature: _____

Outline the reason(s) for requesting a change to advisor / supervisor.

Student Signature

Date

I approve the above request to have the student change their advisor / supervisor.

Program Director Signature

Date

Date Passed to Grad Studies