

**Change in CPH Faculty Advisor  
(in the same program)**

**Request**

I, \_\_\_\_\_ (student ID number \_\_\_\_\_), hereby request to  
change my CPH Faculty Advisor(s) from \_\_\_\_\_  
to \_\_\_\_\_ in program \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Approvals**

**I approve the request:**

Current Academic Advisor:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Proposed Academic Advisor:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Program Director:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Department Chair:

or (if PHCert, MPH in RGPH, or DrPH) Associate Dean for Academic Affairs:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Notes and Explanation:

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This form has been filed with the Office of Student and Alumni Affairs, and (if the student is changing program or plan) I certify that the student has accepted and filed a change in degree or plan form.

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Associate Dean for Student and Alumni Affairs

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Date

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**FOR REGISTRAR'S PURPOSE ONLY:**

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Student Concentration Track Assessment Confirmation Number

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Date

*Form Approved by ASC: (Date)*

*Form Updated: 8/26/2021*