

**UAMS Fay W. Boozman College of Public Health
Change in DrPH Faculty Advisor**

I, _____, student ID number _____, hereby request to
change DrPH Faculty Advisor from _____
to _____.

Student Signature Date

I have discussed this change with the student and approve the request:

Current Academic Advisor Date

Proposed Academic Advisor Date

- Approved
- Denied

Co-Director,* DrPH Program Date

Original form to be submitted to the Registrar's Office

Copy* of form to: Danielle Porter, Dean's Office
Kevin Ryan, DrPH Program Co-Director
Martha Phillips, DrPH Program Co-Director

*It is the responsibility of the student to get the form signed and copies distributed.