

Doctoral Academic Advisor(s) Confirmation Form



Student Name: _____ Student ID: _____ Student Email: _____@uams.edu

Program: DrPH* EPI HPPR HSSR

**DRPH Does Not Require Graduate School Signature*

Check if this form documents a change in advisor**

| Advisor | | | New Advisor | | |
|--------------|-----------|------|--------------|-----------|------|
| Name (Print) | Signature | Date | Name (Print) | Signature | Date |
| | | | | | |

If advised by committee, add additional advisors here:

| | | | | | |
|--|--|--|--|--|--|
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**** If changing advisor, both initial advisor and new advisor must sign.**

Student: _____
Signature/Date

Doctoral Program (Co)Director: _____
Signature/Date

Doctoral Program (Co)Director: _____
Signature/Date

Associate Dean for Academic Affairs: _____
Signature/Date (only in case of change)

Dean, Graduate School: _____
Signature/Date
(only in case of change)

Original: Office of the University Registrar

Cc: Student
 Doctoral Program Director(s)
 COPH Office of Student Affairs
 Graduate School

Approved: Feb 2018
Revised: Jan 2019