

Doctoral Academic Advisor(s) Confirmation Form



Fay W. Boozman
College of Public Health

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

Program: DRPH EPI HPPR HSSR

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:

* 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: _____ (only in case of change)
Signature/date

Original: Office of the University Registrar
Cc: Student
Doctoral program director(s)
COPH Office of Student Affairs