THE UNIVERSITY OF MICHIGAN
SCHOOL OF NATURAL RESOURCES
& ENVIRONMENT

Request to Change Master's Program Faculty Advisor or Plan/Sub-Plan (Field of Study)

Name of Student _____ Date _____
(print name)

UM ID Number _____ E-mail Address _____

Faculty Advisor

I request permission to change my faculty advisor as indicated below

Current Faculty Advisor _____

New Faculty Advisor _____

Plan/Sub-Plan (Field of Study)

I request permission to change my plan and/or sub-plan as indicated below

Current Plan _____ Current Sub-Plan _____

New Plan _____ New Sub-Plan _____

If this request involves a change in the field of study, attach an outline that shows courses you will take to fulfill the requirements of the curriculum associated with the field of study you are switching into. It is suggested that students request degree audits from the Office of Academic Programs reflecting new field of study.

Approvals

Your current and new (if applicable) faculty advisor must approve this request:

Current Advisor's Signature _____ Date _____

New Advisor's Signature _____ Date _____

Return this completed form to the Office of Academic Programs, room 1520 Dana.

For office use only:
Initial and date

_____ Email Julia Thiel at Rackham (juliat@rackham.umich.edu)

_____ Update database: "O"/OAP/Graduate/Grad Students/Current Grads

_____ Update "Graduate Application Processing Record" inside the front cover of the student's OAP file

_____ File original form in student's OAP file