

**EAST TENNESSEE STATE UNIVERSITY  
COLLEGE OF NURSING  
PHD IN NURSING PROGRAM**

**APPLICATION FOR CHANGE OF ACADEMIC ADVISOR**

**TO:** Associate Dean of Academic Programs & Student Services

**FROM:**

\_\_\_\_\_ Student Name \_\_\_\_\_ E#

**DATE:** \_\_\_\_\_

I hereby request the following change in academic advisor

**FROM:**

\_\_\_\_\_ Advisor Name \_\_\_\_\_ Advisor Signature

**TO:**

\_\_\_\_\_ Advisor Name \_\_\_\_\_ Advisor Signature

The change is requested for the following reasons:

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

Approved  Denied

\_\_\_\_\_ Associate Dean, Academic Programs & Student Services

\_\_\_\_\_ Date

\_\_\_\_\_ Program Coordinator

\_\_\_\_\_ Date