**DNP/PhD Program: Change of Advisor Form**

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| --- | --- |
| Student Name: | Student ID#: |
| Student Email: | Date: |
| Current Program & NP Specialty (DNP only):  |

|  |  |
| --- | --- |
| Current Advisor (type name below): | New Advisor (type name below): |
|  |  |

|  |  |
| --- | --- |
| **Current Advisor Approval**(signature) |  |
| **New Advisor Approval**(signature) |  |

**Program Director Approval**

(signature)

|  |  |
| --- | --- |
|  | Date: |

***Upon completion of the form by the student, the form should be forwarded to Graduate Student Services (advanced@nursing.arizona.edu) in the Office of Student Support & Community Engagement, for inclusion with the student’s official academic record.***

***Electronic signatures or email confirmations attached to this form are acceptable.***