

DNP/PhD Program: Change of Advisor Form



COLLEGE
OF NURSING

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:
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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.