

**UNIVERSITY OF ARKANSAS AT PINE BLUFF**

 **Department of Aquaculture and Fisheries**

**Change of Advisor Form**

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| --- | --- | --- | --- |
| Student’s Name: |       | Date: |   /  /     |

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| --- | --- |
| Original Advisor: |       |

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| --- | --- |
| New Advisor: |       |

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| Describe the reason(s) that a new Advisor is being requested: |       |
|       |
|       |
|       |

(Print name) (Signature)

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|       |  |  |
| (Original Advisor) |  |  |
|  |  |  |
|       |  |  |
| (New Advisor) |  |  |
|  |  |  |
|       |  |  |
| (Graduate Coordinator) |  |  |
|  |  |  |
|       |  |  |
| (Department Chair) |  |  |

**Form 05**