

**UNIVERSITY OF ARKANSAS AT PINE BLUFF**

**Department of Aquaculture and Fisheries**

**Change of Advisor Form**

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

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

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

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

(Print name) (Signature)

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

**Form 05**