



**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**