Native American Studies Graduate Program

Request to Change Major Professor

Student Name (Print)_____________________________________________________________________

Last       First    Middle

Student ID Number:______________________________________Email Address___________________________

Present Major Advisor (Print)_____________________________________________________________________

I Am Requesting to Change My Major Professor to (Print Name) _______________________________________

Check one of the following reasons for requesting the change:

_______  CHANGE OF RESEARCH FOCUS

_______  TIME COMMITMENTS

_______  FACULTY SABITCAL

_______  FACULTY RETIREMENT

The following signatures are required for processing. Keep a copy for your personal files. Give the original copy to the NAS Graduate Program Coordinator.

_____________________________________    _________________________________       _________

Student’s Name (PRINT)                      Student’s Signature                      Date

_____________________________________    _________________________________       __________

Present Major Advisor’s Name (PRINT)         Present Major Advisor’s Signature              Date

_____________________________________    __________________________________     ___________

New Major Advisor’s Name (PRINT)              New Major Advisor’s Signature                    Date

_____________________________________    ___________________________________   ___________

Graduate Advisor’s Name (PRINT)           Graduate Advisor’s Signature                      Date

NAS/Form/Revised 11/7/05