

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