

**WAYNE STATE  
UNIVERSITY**  
College of Engineering  
**Department of Computer Science**

**CHANGE OF ADVISOR FORM**

Student Name \_\_\_\_\_

WSU Email ID \_\_\_\_\_ Banner ID # \_\_\_\_\_

DEGREE PROGRAM:                      MS                      PhD

Original advisor \_\_\_\_\_

New advisor \_\_\_\_\_

Reason to change \_\_\_\_\_

\_\_\_\_\_

**SIGNATURES**

Student \_\_\_\_\_ Date \_\_\_\_\_

Original Advisor \_\_\_\_\_ Date \_\_\_\_\_

New Advisor \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Officer \_\_\_\_\_ Date \_\_\_\_\_