

UNIVERSITY OF NORTH TEXAS
Department of Library and Information Sciences

CHANGE OF ADVISOR REQUEST

Date

Last Name

First Name

Middle Name/Initial

Street Address

City

State

Zip Code

Home Phone

Work Phone

Email Address

I would like to request a change of advisor:

From

To

I discussed this with my current advisor on:

Date

I discussed this with the requested advisor on:

Date

Reason for Change:

Student's Signature

Academic Counselor

Date

Send to:

Attn: Academic Advising
University of North Texas
College of Information, Library Science, and Technologies
Department of Library and Information Sciences
1155 Union Circle #311068
Denton, TX 76203-5017

Or fax to: 940-565-3101. (Voice: 940-565-2445).