ADVISOR ASSIGNMENT/CHANGE FORM

To Students/Faculty: To facilitate record keeping, please complete and return this form to Valerie Hudock, 2106C McGavran-Greenberg Hall. Thank you.

Student's Name:				
Degree Program:	MSCR	MPH	MSPH	PhD
Academic Advisor: _	<u> </u>	Advisor's Signati	ure	
Thesis/Dissertation _ Advisor:		Advisor's Signat	ture	
Date:				