

**Student/Adviser
Change Form**

Name: _____ **PSU ID#:** _____

I agree to NOT be advised by Dr. _____ for my
M.S. / Ph.D. studies at IST.

Student Signature **Date**

Previous Adviser Signature **Date**

I agree to have Dr. _____ as my adviser for the remainder of
my M.S. / Ph.D. studies at IST.

Student Signature **Date**

New Adviser Signature **Date**

**Return to the Graduate Programs Office in the Westgate Building for Graduate
Programs Director approval.**

Graduate Programs Director Signature **Date**