# Penn State College of Information Sciences and Technology

# Student/Adviser Change Form

Name:

PSU ID:

# Student agrees to adviser change:

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

# Signatures

|  |  |
| --- | --- |
|  |  |
| Student Signature | Date |
|  |  |
| Previous Adviser Signature | Date |

# Student agrees to new adviser:

|  |  |  |
| --- | --- | --- |
| I agree to be advised by |  | for the remainder of my M.S/Ph.D. studies at IST |

# Signatures

|  |  |
| --- | --- |
|  |  |
| Student Signature | Date |
|  |  |
| Adviser Signature | Date |

# For Office Use Only

Return this form to the Office of Graduate Programs in the Westgate Building to be approved by the director of Graduate Programs.

|  |  |
| --- | --- |
|  |  |
| Graduate Programs Director Signature | Date |

Office of Graduate Programs • (814) 863-0591 • ISTgradprograms@psu.edu