

**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 be advised by Dr. _____ for the remainder of my M.S./Ph.D. studies at IST.

Student Signature

Date

Previous Adviser Signature

Date

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