# Penn State College of Information Sciences and Technology

# Student/Co-Adviser Change Form

Name:

PSU ID:

# Student

I agree to change my co-advisers from

|  |  |  |
| --- | --- | --- |
|  | and |  |

to

|  |  |  |
| --- | --- | --- |
|  | and |  |

for my M.S./Ph.D. studies at IST.

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

# New Co-Advisers

|  |  |  |
| --- | --- | --- |
| I agree to co-advise |  | during their studies at IST |

|  |  |
| --- | --- |
|  |  |
| Co-Adviser Signature | Date |
|  |  |
| Co-Adviser Signature | Date |

# Previous Co-Advisers

|  |  |  |
| --- | --- | --- |
| I agree NOT co-advise |  | during their studies at IST |

|  |  |
| --- | --- |
|  |  |
| Co-Adviser Signature | Date |
|  |  |
| Co-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 Program Director Signature | Date |

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