

WAYNE STATE UNIVERSITY

COLLEGE OF LIBERAL ARTS AND SCIENCES

Department of Anthropology

CHANGE OF ADVISOR FORM

DATE: _____

STUDENT NAME: _____

EMAIL: _____

ID #: _____

DEGREE PROGRAM: MA PhD

Original advisor: _____

New advisor: _____

SIGNATURES

Student _____ Date _____

Original Advisor _____ Date _____

New Advisor _____ Date _____

Graduate Director _____ Date _____

