

**Department of Biological Sciences
GRADUATE ADVISOR DECLARATION**

Applicable Term: Fall _____ Spring _____ 20 _____ Date: _____

To be completed by the Student

Student Name: _____
Last First MI

Phone: () _____ E-mail: _____ Student ID # _____

If you already have a Graduate Advisor, have you informed them of your intention to change? YES NO

If NO, please explain: _____

Please indicate the name of your current Graduate Advisor: _____
Faculty name

I hereby request that the faculty member named below serve as my Graduate Advisor.

Student signature Date

To be completed by the student's new Graduate Advisor

I, _____, hereby agree to serve as Graduate Advisor for the
Faculty name
student named above.

Faculty signature Date