



**Department of Educational Studies
Change of Supervisor Form**

Date: _____

Name: _____ Student #: _____

Degree (PhD/EdD/MA/MEd): _____ Program: _____

My supervisor/advisor* was: _____

I confirm that I have spoken/corresponded with my current supervisor/advisor about my desire to work with a different supervisor/advisor.

My supervisor/advisor is now: _____

(Signature of new supervisor/advisor)

(Student signature)

Please return this completed form to the Graduate Programs Assistant

(Signature of EDST Graduate Advisor)