

**Department of Human Development, Family Studies, & Counseling  
Change of Graduate Academic Advisor  
Student Request Form**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

<b>Degree Level:</b>	Master's	PhD	
<b>Program:</b>	Counseling & Development	Family Studies	Family Therapy
	Child Life	Child Development	Child Development & Early Education

I respectfully request that my graduate academic advisor be changed from:

\_\_\_\_\_ to \_\_\_\_\_

**Current Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Department Use Only**

Date Received: \_\_\_\_\_

Department Chair Decision:                      Request Approved                      Request Denied  
Rationale:

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Student Notified: \_\_\_\_\_

If approved and if student has a degree plan on file, the Graduate School must be notified.

Date Graduate School Notified: \_\_\_\_\_

*In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.*

Revised March 2021

**Department of Human Development, Family Studies, & Counseling**

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