



CASE

FRANCES PAYNE BOLTON SCHOOL OF NURSING

CHANGE OF ADVISOR FORM – MSN or DNP

Name of Student: _____
(Please Print)

Program: MSN ____ DNP ____

After discussing the matter with both professors, I request a change of advisor as follows:

From: _____
(Print Name of Present Advisor)

To: _____
(Print Name of New Advisor)

SIGNATURES

Student: _____ Date _____

Student Email: _____

Present Advisor: _____ Date _____

New Advisor: _____ Date _____

APPROVAL

Signature: _____ Date _____
(Program Director)

When you have completed this form, return it to the appropriate Program Director