

**Linguistics & Cognitive Science**  
**CHANGE OF ADVISOR FORM**

Employee ID# \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

AREA OF SPECIALIZATION \_\_\_\_\_

NEW ADVISOR NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

PREVIOUS ADVISOR NAME: \_\_\_\_\_

After completing, submit this form to Jane in the Department Office. A copy will be sent to the new and previous advisors.