

OFFICE OF STUDENT SERVICES GRADUATE STUDIES

ADVISOR CHANGE REQUEST AND/OR REQUEST FOR CHANGE IN AREA OF SPECIALIZATION

\_\_\_\_\_  
Student's Name UID Number Department / Program Codes

This is to request a change of my current advisor:

\_\_\_\_\_ to \_\_\_\_\_  
(Current Advisor's Name) (Requested Advisor's Name)

\_\_\_\_ Please check if you are currently in a master's non-certification track program and would like to change to a certification track program. Please note that you must provide copies of the required examinations with acceptable scores for admission (i.e. Praxis Core, SAT, GRE, or ACT). (Requests to change from the certification track program to a non-certification track are not processed by use of this form. Please contact the Office of Student Services, Graduate Studies for details.)

Please check one of the following

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(current area of specialization) (requested area of specialization)

My department requires a review of my original admission materials in order to change my area of specialization. I have attached a new "Statement of Purpose" and any required support documentation that was not included in my original application. (Please submit this request, with your signature only, to the Office of Student Services directly. Your request and application materials will be routed to the appropriate admissions committee for review. Departmental signatures on this form will be requested after the admission review.)

In addition to requesting an advisor change, I would like to request a change in area of specialization in conjunction with my advisor change request and does not require an additional review of my original admission application materials.

Student's Signature Date Current Advisor's Signature (if available) Date

Requested Advisor's Signature Date Department Graduate Director's Signature Date

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RETURN THIS FORM TO: University of Maryland College of Education, Office of Student Services, Room 1204 Benjamin Building, College Park, MD 20742

OFFICE USE: Request change of SIS code from \_\_\_\_\_ to \_\_\_\_\_. Verified change of SIS code: \_\_\_\_\_  
Initial Date