

**Doctor of Education & Doctor of Philosophy
Change in Major Advisor Form**

Effective Semester/Year: Fall 20_____ Winter 20_____ Spring/Summer 20_____

_____ _____ EdD PhD
Student's Name (Please print) Date

WSU ID Number: _____ Access ID: _____

Current Major Advisor: _____

Major Advisor to be Added: _____

Comments: _____

Signatures:

_____ _____
Current Major Advisor Date

_____ _____
New Major Advisor Date

Approval:

_____ _____
College of Education Graduate Officer Date

_____ _____
Graduate School (PhD Only) Date