

Native American Studies Graduate Program

Request to Change Major Professor

Student's Name (PRINT) _____
Last First Middle

Student's ID Number: _____

Email Address _____

Current Major Professor _____

I am requesting to change my Major Professor to _____

Check one of the following reasons for requesting the change:

- _____ CHANGE OF RESEARCH FOCUS
- _____ FACULTY TIME COMMITMENTS
- _____ FACULTY SABBATICAL
- _____ FACULTY RETIREMENT
- _____ OTHER _____

The following signatures are required for processing. Keep a copy for your personal files. Give the original copy to the NAS Graduate Program Coordinator.

_____ Student's Name (PRINT)	_____ Student's Signature	_____ Date
_____ Present Major Professor's Name (PRINT)	_____ Present Major Professor's Signature	_____ Date
_____ New Major Professor's Name (PRINT)	_____ New Major Professor's Signature	_____ Date
_____ Graduate Advisor's Name (PRINT)	_____ Graduate Advisor's Signature	_____ Date