The College of St. Scholastica  
Department of Graduate Nursing  
Request for Change In Advisor

Name: __________________________       Date: ______________________

Current Academic Advisor: ______________________

Proposed Academic Advisor: ______________________

Current Project/Thesis Advisor: ______________________

Proposed Project/Thesis Advisor: ______________________

Have you registered for NSG 6686 or 6688:  
☐ Yes       ☐ No  If yes - when: ______________________

Reason For Change: ______________________

Student Signature: ______________________ Date: ______________________

Current Advisor Signature: ______________________ Date: ______________________

Proposed Advisor Signature: ______________________ Date: ______________________

**Student must complete and have all signatures prior to sending to Chair, Department of Graduate Nursing

☐ Approved

☐ Not Approved

Signed:__________________________________________ Date: ______________________

Chair, Department of Graduate Nursing

Date:______________________

☐ Changed In Banner

☐ Changed On Advisor List