



FRANCES PAYNE BOLTON
SCHOOL OF NURSING
CASE WESTERN RESERVE
UNIVERSITY

CHANGE OF ADVISOR FORM – BSN, MN, MSN or DNP

Name of Student: _____ EMPL ID: _____
(Please Print)

Program: BSN ____ MN ____ MSN ____ DNP ____

After discussing the matter with both professors, I request a change of advisor as follows:

From: _____
(Print Name of Present Advisor)

To: _____
(Print Name of New Advisor)

Are you also changing your major? Yes _____ No _____

New major: _____

SIGNATURES

Student: _____ Date _____

Present Advisor: _____ Date _____

New Advisor: _____ Date _____

APPROVAL

Signature: _____ Date _____
(Program Director)

When you have completed this form, return it to the appropriate Program Director *

*BSN forms must be routed to pxm311 in the Office of Undergraduate Studies

j:/forms/change of advisor form with new logo-revised 11/23/15