

CHANGE OF ADVISOR FORM

Date:	•
Name of Student:	
Student ID Number:	
Name of Former Advisor:	
Name of New Advisor:	
New Advisor Signature:	
PLEASE TURN IN FORM TO GRADUATE COORDINA	ATOR
FOR OFFICE USE ONLY	
☐ Check when entered	

Department of Planning and Landscape Architecture

University of Wisconsin-Madison, College of Letters and Science 110 Music Hall | 925 Bascom Mall | Madison, Wisconsin 53706 | dpla.wisc.edu | 608.262.1004