

UNIVERSITY of HOUSTON

GERALD D. HINES COLLEGE of ARCHITECTURE and DESIGN

Request for Change of Advisor

Student Information

First Name:

Last Name:

Student ID:

Email Address:

Phone Number:

Major:

Mailing Address:

Change of Advisor Information

Please change my advisor:

From:

To:

(Former Advisor)

(New Advisor)

To help us better serve our students, please let us know the reason for your request (optional):

Signatures

Approved _____

Disapproved (Former Advisor)

(Date)

Approved _____

Disapproved (New Advisor)

(Date)

Approved _____

Disapproved (Assistant Dean)

(Date)