

Public Health  
Doctoral Graduate Programs  
Request to Change Academic Advisor

To request a change in academic advisor, complete the following form and obtain signatures. Turn in your completed form to your School Head. Advisee and advisors will receive email confirmation from your program's manager. *Please print legibly if you are using a paper copy.*

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_

OSU ID: \_\_\_\_\_

Concentration: \_\_\_\_\_

School: \_\_\_\_\_

ONID Email Address: \_\_\_\_\_

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I wish to change my academic advisor from \_\_\_\_\_

to \_\_\_\_\_.

\_\_\_\_\_  
*Student Signature*

I am aware of the request.

\_\_\_\_\_  
*Current Advisor Signature*

I am aware of the request *and* am willing to be the student's new advisor:

\_\_\_\_\_  
*Proposed New Advisor Signature*

~OR~

\_\_\_\_\_  
Dr. Norm Hord  
School Head  
School of Biological and Population Health Sciences  
100 Milam (541-737-5923)  
[Norman.Hord@oregonstate.edu](mailto:Norman.Hord@oregonstate.edu)

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Dr. Richard Settersten  
School Head  
School of Social and Behavioral Health Sciences  
433 Waldo (541-737-4336)  
[Richard.Settersten@oregonstate.edu](mailto:Richard.Settersten@oregonstate.edu)

Office use: Request received: \_\_\_\_\_ Copy to Grad Prgms Mngr: \_\_\_\_\_  
Confirmations sent: \_\_\_\_\_ Master list updated: \_\_\_\_\_