

**Master of Public Health
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 Associate Dean for Academic and Faculty Affairs. Advisee and advisors will receive email confirmation from the MPH Administrative Director.

Please print legibly if you are using a paper copy.

Date of Request: _____

Student Name: _____

OSU ID: _____

MPH Option: _____

OSU Email Address: _____

I wish to change my 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

Dr. Peggy Dolcini's Signature
Head, School of Public Health and Nutrition
College of Health
Waldo Hall 433
Peggy.Dolcini@oregonstate.edu, 541-737-3829