**UNIVERSITY OF ARKANSAS AT PINE BLUFF**
**Department of Aquaculture and Fisheries**

## Change of Advisor Form

Student's Name: _____ Date: / / _____

Original Advisor: _____

New Advisor: _____

Describe the reason(s) that a new Advisor is being requested: _____

_____

_____

_____

| (Print name) | (Signature) |
|---|---|
| _____ | _____ |
| (Original Advisor) | |
| _____ | _____ |
| (New Advisor) | |
| _____ | _____ |
| (Graduate Coordinator) | |
| _____ | _____ |
| (Department Chair) | |

**Form 05**