



## *CHANGE OF SUPERVISING PROFESSOR*

STUDENT NAME \_\_\_\_\_

CURRENT SUPERVISING PROFESSOR \_\_\_\_\_

PROPOSED SUPERVISING PROFESSOR \_\_\_\_\_

Signatures:

\_\_\_\_\_  
PROPOSED SUPERVISING PROFESSOR DATE

\_\_\_\_\_  
DIRECTOR OF GRADUATE STUDIES DATE

\_\_\_\_\_  
DEPARTMENT CHAIR DATE

Comments: