

**Department of Health & Kinesiology
Texas A&M University
PETITION FOR CHANGE OF ADVISOR**

Date: _____

Student's Name: _____

Student's Signature: _____

I request that my Advisor be changed.

Current Advisor

Name	Division	Signature

New Advisor

Name	Division	Signature

Reason for the request:

- _____ My advisor has retired
- _____ My advisor has left Texas A&M University
- _____ I have experienced a change in interest
- _____ My research topic requires expertise of new advisor
- _____ Other: _____

Approval Recommended: _____

Charles Shea, Chair
Graduate Programs
Department of Health & Kinesiology