

The Johns Hopkins University  
SCHOOL OF NURSING  
Change of Advisor Form

Instructions: Students who desire to change faculty advisors must use this form to document that they have received mutual agreement from the current advisor and the new faculty advisor.

Fill out all information requested on this form and return to office of your program director.

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

Date: \_\_\_\_\_

Program: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Current Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Desired Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for change :

\_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director

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Office Use Only: \_\_ Approved \_\_ Denied/Reason: \_\_\_\_\_