



JOHNS HOPKINS
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.

Student Name: _____

Date: _____

Program: _____

Student Signature: _____

Current Advisor: _____

Signature: _____

Date: _____

Desired Advisor: _____

Signature: _____

Date: _____

Reason for change : _____

Approval Signature: _____

Date: _____

Program Director

Office Use Only:

Approved

Denied/Reason: