



Department of Nutrition and Food Sciences
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Dr K Shane Broughton, Chair

CHANGING ACADEMIC/RESEARCH ADVISOR FORM

To: Graduate School

Date: _____

I, _____, am requesting a change of
Academic/Research Advisor from _____ to
_____.

My major is _____.

I have obtained permission from both undersigned faculty members.

Student's Signature

Student ID

Former Advisor's Signature

New Advisor's Signature

Date

Date

cc: NFS Student File