THE OHIO STATE UNIVERSITY

College of Arts and Sciences
Department of Mathematics
Graduate Program

ADD/CHANGE OF ADVISOR FORM

Mathematics Department Advisor changes need to be requested using this form. **Fill in the top portion of this form, all but the signatures and email this form to the address listed below.**

Student Name: _____ **Name.#** _____

Current Advisor: _____

Role/Function:

☐ Preliminary Academic Advisor ☐ Dissertation Advisor (PhD)

☐ Masters Faculty Advisor
Theses: ☐ Yes ☐ No

New Advisor: _____ **Name.#** _____

Role/Function:

☐ Preliminary Academic Advisor ☐ Dissertation Advisor (PhD)

☐ Masters Faculty Advisor
Thesis: ☐ Yes ☐ No

Signatures

New Advisor: _____ **Date Signed:** _____

Graduate Advising Chair: _____ **Date Signed:** _____

Once completed please deliver ORIGINAL to:

Graduate Coordinator
Department of Mathematics
Graduate Office

grad-office@math.osu.edu