**Application for Advisor Change**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DegreeProgram |  | Department |  | Major |  |
| Name |  | Student ID |  | Term |  |
| Advisor | Before | Affiliation |  | Name |  |
| After | Affiliation |  | Name |  |
| Field of Research |  |
| Reason for the change |  |

mm/dd/yyyy

Student: (Signature)

Current Advisor: (Signature)

Future Advisor: (Signature)

Department Head: (Signature)

**To the UNIST President**