



The University of Vermont

Master of Science in Counseling Program

### Request to Change Advisor

|   |                           |                      |
|---|---------------------------|----------------------|
| _____<br><b>Student Name (please print)</b>   | _____<br><b>Signature</b> | _____<br><b>Date</b> |
| _____<br><b>Requested Advisor</b>             | _____<br><b>Signature</b> | _____<br><b>Date</b> |
| _____<br><b>Original Advisor</b>              | _____<br><b>Signature</b> | _____<br><b>Date</b> |
| _____<br><b>Dept. Chair</b><br>(if necessary) | _____<br><b>Signature</b> | _____<br><b>Date</b> |

**Process if requested change is related to interpersonal tensions or general incompatibility:**

1. Meet with your current advisor for discussion, or inform them of the change
2. Get permission from requested advisor
3. Receive approval from faculty
4. Submit form with all signatures to Counseling Program Office

**Process if requested change is related to ethical or professional concerns:**

Contact the Dept. Chair directly. The Dept Chair is able to grant an immediate advisor change if deemed appropriate

Distribution: Student File, Current Advisor, New Advisor, Graduate College, Student Services (dual option and school Program only), Registrar Office.