



WASHINGTON STATE UNIVERSITY

College of Education, Sport, and Human Sciences

Change of Temporary Advisor

Please return this form to the CESHS Office of Graduate Studies at ceshs.gradstudies@wsu.edu

Student information

Date: _____

Student's Name: _____ WSU ID: _____

Master's Degree: _____ Doctoral Degree: _____

Degree Program: _____

New Temporary Advisor Information

New Advisor Name: _____

New Advisor Signature: _____

By signing the above you accept the responsibility of acting as this student's temporary advisor

Former Temporary Advisor Information

Former Advisor Name: _____

Former Advisor Signature: _____

Department Chair

Department Chair Name: _____

Department Chair Signature: _____