

REQUEST TO CHANGE/DECLARE GRADUATE ADVISOR
DEPARTMENT OF FOOD SCIENCE, NCYU.

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|---------------------------|-------------------------|-----------------------------|--|
| Student Name | | Student ID No. | |
| Statement | | | |
| Signed by Present Advisor | Signed by Program Chair | Signed by Requested Advisor | |
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Routing:

- (1) Student acquires signature from present advisor for permission.
- (2) Program chair signs the form upon agreement of present advisor.
- (3) Student acquires signature from the requested advisor for final decision.
- (4) Student returns the completed form to the Department Office for record.
- (5) The form is applicable to all graduate programs affiliated with the Department of Food Science.