

**Student/Co-Adviser
Change Form**

Name _____ **PSU ID#** _____

STUDENT

I agree to change my co-advisers from _____ and _____ to
_____ and _____ for my M.S./Ph.D. studies at IST.

Student Signature

Date

NEW CO-ADVISERS

I agree to co-advise _____ during their studies at IST.

Co-Adviser Signature

Date

Co-Adviser Signature

Date

PREVIOUS CO-ADVISERS

I agree to **NOT** co-advise _____ during their studies at IST.

Co-Adviser Signature

Date

Co-Adviser Signature

Date

**Return this form to the Office of Graduate Programs in the Westgate Building to be approved
by the director of Graduate Programs.**

Graduate Programs Director Signature

Date