UNIVERSITY OF WISCONSIN-MADISON EDUCATIONAL LEADERSHIP & POLICY ANALYSIS

ADVISOR AGREEMENT FORM

I,	, agree to serve as major professor and ssor's name)	
(professor's name)		-
advisor to assist		
(studen	it's name)	(10-digit ID number)
during the pursuit of the:		
Ph.D. Program		
M.S. Program		
Ed.S. Program		
Certification Program	(specify license) _	
Student's Signature		
Professor's Signature		Date
I,	, am requestin	ng a CHANGE OF ADVISOR from
	to	
(current advisor's signat	ure)	(new advisor's signature)
		eadership & Policy Analysis Department, ty to assist them in planning their program.
requirements needed to satisfy the s student in developing a program of	specific degree requir research that will sa	regarding course work and program ement(s). Doctoral advisors will assist the tisfy the dissertation requirement, and will and the final oral examination committee.
		a change of advisor must be signed by both Student Service Coordinator's Office, 1152
J:\ssmith\forms\advisoragreement		

April 16, 2002