



BOSTON COLLEGE
Connell School of Nursing

Doctoral Change of Advisor Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: _____

Student's Name: _____

Address: _____

Phone: _____

Email: _____

Former Advisor (please print): _____

Signature: _____

New Advisor (please print): _____

*Signature: _____

***Signature indicates agreement to serve as advisor**

**Associate Dean's Signature: _____

****Signature indicates approval of change of advisor**