



**SCHOOL OF INFORMATICS  
AND COMPUTING**

INDIANA UNIVERSITY  
Bloomington

**Informatics Master's Programs  
Approval Form for Changing Advisor**

Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Authorization:**

\_\_\_\_\_  
Current Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director or Associate Dean

\_\_\_\_\_  
Date

Please submit completed form to Linda Hostetter ([lhostett@indiana.edu](mailto:lhostett@indiana.edu)), Graduate Administrator