**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Nursing Practice**

**CHANGE OF FACULTY ADVISOR**

Date Click here to enter a date.

Student Name Click here to enter text.

The following change in advisor is requested:

Faculty Advisor from Click here to enter text. to Click here to enter text.

Faculty Name Faculty Name

**Approved:**

Type to name sign in spaces below

Student: Click or tap here to enter text. Date: Click here to enter a date.

Current Faculty Advisor: Click or tap here to enter text. Date: Click here to enter a date.

New Faculty Advisor: Click or tap here to enter text. Date: Click here to enter a date.

DNP Program Leader: Click or tap here to enter text. Date: Click here to enter a date.

Director of Graduate Programs: Click or tap here to enter text. Date: Click here to enter a date.

***Electronic Signature***

*If you are under the age of 18 or have not elected to participate in electronic signature at the University, please call 309-438-7400 to request a hard copy of the form be emailed to you for submission. If you are under the age of 18, a parent must sign the hard copy .pdf version of the form.*

*By typing my name in the indicated fields, I hereby acknowledge that I consent to sign Change of Faculty Advisor form. I also acknowledge that I have had sufficient time to review and seek explanation of the terms and conditions contained above, have carefully read them, understand them fully, and agree to be legally bound by them. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.*

**Please Forward to MCN Office of Student Services**