

To: The Secretary for Master's Studies

Subject: Form for determining an additional and/or replacement advisor

Department: _____ Name of proposed/ additional advisor: _____

The following are the names of the students whom I am advising for their Master's degrees, and the names of recommended advisors who are willing to replace me for these students:

Student's name	I.D. Number	Department	Replacement/additional advisor
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Approval of departing advisor _____ Date _____

Approval of replacement/additional advisor _____

Address _____ Date _____

Approval of the Chair of the Departmental Teaching Committee _____

Date _____