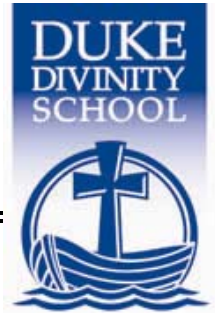


Duke Divinity School
Box 90968
Durham, NC 27708



Advisor Change Request Form

Name _____

Degree Program _____

Current Advisor _____

Advisor You
Are Requesting _____

I agree to allow this student to switch to a new advisor.

Signature of Current Advisor

I agree to accept this student as a new advisee.

Signature of New Advisor

Please return this form to 142 Langford.