

**TEACHERS COLLEGE**  
**COLUMBIA UNIVERSITY**  
**OFFICE OF THE REGISTRAR**  
Box 172 • 525 West 120<sup>th</sup> Street • New York, NY 10027  
Phone: (212) 678-4050 • Fax: (212) 678-4060

**Ed.D./Ph.D. Change of Advisor Form**

This form can be used to change the Advisor within the Dissertation Oral Defense Committee.

Candidate's Name: _____			
Last Name	First Name	MI	
TC ID# _____	E-mail: _____		
Department: _____	Program: _____		

Original Outgoing Advosor:	_____
	(print name)
Signature:	_____
Proposed Incoming Advisor:	_____
	(print name)
Signature:	_____

Student Signature	_____
Department Chair's Signature:	_____
	Date: _____