## Department of Sociology MENTOR CHANGE FORM

Name:	Current Mentor:	
Proposed Mentor:		
Reason for requesting change:		
Please make sure you speak with you their approval.	PROPOSED mentor and obtain their signa	ture as
	Signature of Proposed M	<b>I</b> entor
ApprovedNot	Not ApprovedGraduate Advisor	,
	Date	