**Termination of Advising Relationship Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Date  |  | Received Date |  |
| Student Name |  | Agree □Disagree □ | Signature |  |
| Advisor  |  | Agree □Disagree □ | Signature |  |
| Reasons of Termination |
|  |
| Committee Opinions  |
|  |
| Committee Decision |
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**Termination of Advising Relationship Replied Form**

****Received Date： Recipient：