Change of Advisor Request

Date: ____________  Box#: ____________  Student ID: ________________

Student Name: _______________________________________________________________________________________

Email: ________________________________________________________________________________________________

Cell: ________________________________________________________________________________________________

Current Major: ___________________________  Major if Changing: _____________________________

Current Advisor: ___________________________  Current Advisor Signature: ___________________________

Advisor Requested
Choice #1: ___________________________  Choice #2: ___________________________

Reason for Change:
_____________________________________________________________________________________________

Circle One:  Freshman  Sophomore  Junior  Senior

Student Signature: __________________________________________________________

Note: if you are changing advisors due to a change in major you must also submit a new Declaration of Program form.

Office of the Registrar:

New Advisor Assigned: ____________________________________________________________

Note to Past Advisors: Please forward the student’s advising file to the new advisor.

Academic Office Signature: ____________________________  Date: ________________

CC: Past Advisor, New Advisor, Student File