CHANGE OF ADVISOR FORM

Today’s Date: _______________________

Last Name: ___________________________ First Name: _____________________________

Student ID: ________________ Major: _________________________ Semester: ___________

Assigned Advisor: ________________________________________________________________

Reason for Requested Change:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Desired Advisor: __________________________________________________________________________

Desired Advisor’s Signature: ___________________________________________ Date: _______________

Note to Desired Advisor:
Accepting this student as an advisee may increase your advisee load beyond the assigned workload.

Processed by ___________________________ Date __________________