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# CHANGE OF ACADEMIC ADVISOR

PLEASE PRINT IN INK

*This form is for use if requesting only a change in academic advisor.*
*Use a Change of Major form if requesting a change of major and therefore a change of advisor.*

First Name | Middle Initial or Name | Last Name | Student ID#

Degree: _____

Department: _____

Major: _____

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Current Advisor: _____

Reason for requesting change of advisor: _____

_____

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_____

_____

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Name of new advisor assigned by Department Chair/Dean: _____

_____ _____
Signature of Department Chair/Dean | Date

_____ _____
Signature of Director of Academic Advising **OR** Director of Graduate Studies | Date