



CHANGE OF ADVISOR REQUEST

To be Completed By Student:

Student's Name: _____

Social Security #: ____ - ____ - _____

Major: _____

Degree: AA__ AS__ BA__ BS__

Current Advisor: _____

Reason for Request:

Requested Advisor: _____

Student's Signature: _____

Return to Registrar's Office once completed

An Academic Advisor will be assigned and student notified after the Registrar's Office confers with respective Division Chair.

For Office Use Only

Division Chair's Recommendation: _____

Division Chair's Signature: _____

Assigned Advisor: _____

Registrar: _____ Date: _____