



CHANGE OF ADVISOR REQUEST

To be Completed By Student:

Student Name: _____

Major: _____

Degree: AA___ AS___ BA___ BS___

Current Advisor: _____

Reason for Request:

Requested Advisor: _____

Student Signature: _____

Return to Provost's office once completed

For Office Use Only

Provost's Recommendation: _____

Provost's Signature: _____

Assigned Advisor: _____

Registrar: _____ Date: _____