

CHANGE OF ADVISOR FORM

NAME: (Print Name)	
STUDENT #:	
MAJOR(S):	
PHONE:	E-MAIL:
<i>I WOULD LIKE TO CHANGE MY ADVISOR...</i>	
From: Name	
Dept:	
To: Name	
Dept:	
New Advisor's Signature: (REQUIRED)	
Date:	
Student's Signature: (REQUIRED)	
Date:	