CHANGE OF ADVISOR FORM

Date: __________________________

Student ID Number: __________________________

Student’s Name: __________________________________________

Last (Family)     First     M.I.

From: __________________________________________

Current Advisor’s Name

To: __________________________________________

New Advisor’s Name

APPROVED: __________________________________________

Current Advisor Signature

APPROVED: __________________________________________

New Advisor Signature

Current Advisor: Please deliver advisee folder to the New Advisor.
Student: Please return this form to the Registrar’s Office

FOR REGISTRAR’S OFFICE USE ONLY

Received BY: __________________________

DATE: __________________________
**Change of Advisor**

1. Student must obtain the “Change of Advisor” form at the Registrar’s Office.

2. Student should complete his/her portion of the form, and submit the form for approval to both current and new advisors.

3. Student must return the form to the Registrar’s Office.

4. Copy of the form will be forwarded to student and new advisor.

5. Current advisor must deliver an advisee folder to new advisor.