



**SOKA UNIVERSITY OF AMERICA, ALISO VIEJO
OFFICE OF THE REGISTRAR**

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.