

Department of Health and Community Studies

Western Washington University • Woodring College of Education

REQUEST TO CHANGE ACADEMIC ADVISOR

Instructions:

1. Complete the requested student information in Box A.
2. Submit your form to the requested advisor for review and approval in Box B (or attach advisor's email approval).
3. Send the completed form and approval to your Human Services Program Coordinator for processing.

A. Student Information

Student Name _____ Student Number _____

Program _____ Location _____

Phone Number _____ E-mail Address _____

Current Advisor _____

Requested Advisor _____

Student Signature _____ Date _____

B. Advising Decision

Requested Advisor Signature _____ Date _____

Comments:

Office Use Only:

Date received: _____

E-mail sent to:

Current Advisor

Requested Advisor