

# 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 signature in Box B.
3. Take the completed form 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*