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 □

August 2010