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 or Rehabilitation Counseling 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 ☐