

CHANGE OF ADVISER FORM



PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

Name: _____ DATE: _____

Student ID # _____ SSN # _____

Please change my academic adviser from:

_____, _____
(Name) (Department)

to: _____, _____
(Name) (Department)

SIGNATURES:

Current Adviser: I have sent this student's file to the new adviser listed above.

(Signature) (Date)

New Adviser: I agree to advise this student.

(Signature) (Date)

NOTE: Students declaring a major should complete the Declaration of Major form instead of the above form.

Student:

(Signature) (Date)

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