

Primary Academic Advisor Change Form

Overview:

Please fill out this form if you wish to change your academic advisor. This form does not guarantee that your academic advisor will be changed. For further information, you might be contacted.
PLEASE CLEARLY PRINT ALL INFORMATION.

Student Information:

Last Name: _____	First Name: _____
UID: _____	Date: _____
	(Month / Day / Year)
Class of: _____	

FROM: _____
Name of Current Advisor

TO: _____
Name of New Advisor

Reason for Change:

Affirmation of Consent:

I, the undersigned, affirm with my signature that I have read and understood the directions and disclaimers provided in this document.

Student Signature and date:

_____ / _____

Current Academic Advisor signature and date:

_____ / _____

New Academic Advisor signature and date:

_____ / _____

Manager of Academic Affairs signature and date:

_____ / _____