

## REQUEST FOR CHANGE OF ADVISOR

Office of the Vice President for Academic and Student Affairs

### TO BE COMPLETED BY THE STUDENT

Student Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_

Current Major: \_\_\_\_\_ Current Advisor: \_\_\_\_\_

Advisor Requested: \_\_\_\_\_

(Please obtain requested advisor's signature before submitting form to Academic Affairs)

### TO BE COMPLETED BY THE REQUESTED (NEW) ADVISOR

I agree to accept the above student as my advisee, provided it does not exceed contractual limits

\_\_\_\_\_  
Signature of Advisor

Office Number: \_\_\_\_\_

Telephone Number: 552 - \_\_\_\_\_

### TO BE COMPLETED BY THE STUDENT (After the New Adviser signs):

Reason for request (check all that apply):

- Advisor not helpful / gives wrong information
- Personality conflict
- Wrong curriculum:
- Other: (please explain): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Semester Code: 20\_\_ 10 - 20 - 30

Advisor Change Complete:  Yes  No

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_