

**REQUEST FOR CHANGE IN ACADEMIC ADVISOR**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CURRENT ADVISOR: \_\_\_\_\_

PROPOSED ADVISOR: \_\_\_\_\_

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STUDENT SIGNATURE: \_\_\_\_\_

NEW ADVISOR SIGNATURE: \_\_\_\_\_

Please submit completed form to 685 Baldy Hall