



STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____ STUDENT ID _____

Home Phone: _____ Cell Phone: _____

MAJOR(s): _____

MINOR(s): _____

LICENSURE (if any): _____

I request a change of Advisor as indicated below:
(note that your requested Advisor must be a full-time professor)

ADVISOR CHANGE

From: _____

To: _____
requested Advisor (please print) requested Advisor's signature

ADDITIONAL ADVISOR

(if you wish to add or replace a second Advisor for a minor, licensure, certificate, or second major)

From: _____

To: _____
requested Advisor (please print) requested Advisor's signature

STUDENT SIGNATURE: _____ **DATE:** _____