Advisor Change Request

Student Name: __________________________________________________________ Required*

Student ID Number: _____________________________________________________ Required*

Catalog Year** ______________________________ Required*

Anticipated Graduation Date: ____________________________________________

Academic Program
List all major(s) and any minor(s) here.

________________________________________________________ Required*

Current Advisor: _________________________________________________________ Required*

Reason for Change:   ☐ Major       ☐ Other ______________________________

If you would like to request a particular advisor, please write faculty member’s name in the space below. If the requested advisor has a full load, you will be assigned to another available advisor in your major.

New Advisor Requested: ________________________________________________

*Required fields must be filled out before this request can be processed.