



# Change of Advisor

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Number Street Telephone  
City State Zipcode

Program Area: \_\_\_\_\_ Degree Status: \_\_\_\_\_

**Student should obtain signatures from (1) current advisor, (2) new advisor, and (3) department chairperson. Once you have all signatures, please return to Room 104 Ruffner Hall, Office of Admissions for final approval by Assistant Dean.**

Request Change in Advisor from \_\_\_\_\_ to \_\_\_\_\_

Current Advisor \_\_\_\_\_ Date \_\_\_\_\_ Approve

Is this student in good standing?  Yes  No Deny

New Advisor \_\_\_\_\_ Date \_\_\_\_\_ Approve

Deny

Department Chair \_\_\_\_\_ Date \_\_\_\_\_ Approve

Deny

Final Action: Assistant Dean  Granted  Denied

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

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