CHANGE OF ADVISOR FORM

NAME:	
(Print Name)	
STUDENT #:	
MAJOR(S):	
PHONE:	E-MAIL:
I WOULD LIKE TO CHANG	GE MY ADVISOR
From: Name	
Dept:	
_	
To:	
Name	
Dept:	
New Advisor's Signature: (REQUIRED)	
Date:	
Student's Signature: (REQUIRED)	
Date:	