



Adrian College

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Registrar's Office

CHANGE OF ADVISOR FORM

Student Number _____ Last _____ First _____ Middle _____

CURRENT ADVISOR: _____
Last Name _____ First Name _____

NEW ADVISOR: _____
Last Name _____ First Name _____

New Advisor Signature: _____

I, _____, approve this change of advisor to be made:

(Printed Faculty Name)

___ immediately

___ beginning _____ semester.

I request a change in my academic advisor. I have discussed this with my newly requested advisor and he or she has agreed to accept me as their advisee.

Student Signature

Date

**RETURN COMPLETED FORM TO THE
REGISTRAR'S OFFICE**

Current Advisor:
Please forward this student's
advising folder to the new advisor
listed above.

XC: Current Advisor
New Advisor
Registrar File

OFFICE USE
Date Received: _____
Date Entered: _____ Initials _____