Adrian College

Registrar's Office

CHANGE OF ADVISOR

Student Number _____ Last _____ First _____ Middle _____

CURRENT ADVISOR: _____
Last Name First Name

NEW ADVISOR: _____
Last Name First Name

New Advisor Signature: _____

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 _____