



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 _____