

# CHANGE OF ADVISOR FORM

## I. To be completed by student.

\_\_\_\_\_

MU ID	Last Name	First Name	MI
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Local Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_

City	State	Zip
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E-mail Address: \_\_\_\_\_

Current Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Option: \_\_\_\_\_

Current Advisor \_\_\_\_\_

Desired Advisor: \_\_\_\_\_

The desired advisor has agreed to be my new advisor: Yes  No  Not sure

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## II. To be completed by student's *current* advisor, OR by department chair.

\_\_\_\_\_

Signature	Date
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## III. To be completed by student's *current* advisor, OR by department chair.

Complete one of the following:

- Please assign \_\_\_\_\_ as the student's *new* advisor.
- Please assign \_\_\_\_\_ as the student's advisor in his/her second major.

### Instructions for students:

1. Complete section I with all requested information necessary for processing changes.
2. Please verify with the desired advisor that he/she is willing to accept you as an advisee.
3. Submit the form as an email attachment to the Department Chair, OR to your current advisor.