



Circle your Year: FR SO JR SR

# Change of Advisor Form

Please Fill Out Completely

Name \_\_\_\_\_ I.D. # \_\_\_\_\_ Telephone# \_\_\_\_\_

Major: \_\_\_\_\_ 2<sup>nd</sup> Major or Minor: \_\_\_\_\_

Current Advisor: \_\_\_\_\_  Please check this box if you want to keep this advisor.

New Advisor: \_\_\_\_\_ \*Advisor Signature: \_\_\_\_\_

**\*Some advisors may require a signature.** Please check the list of available advisors in your chosen major.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Office use only</i>	Date: _____
CAAR Staff Signature: _____	