

Foday's Date	MM/DD/VV	

CHANGE OF ADVISOR FORM

Name	of Student	CC Student ID #
I wish	to change my adviser:	
FROM	1:	
TO:	Name of Former Advisor (Please Print)	Signature of Former Advisor
	Name of New Advisor (Please Print)	Signature of New Advisor

This form, when completed, must be returned to the Registrar's Office. The student folder should be transferred from the former advisor to the new advisor promptly.