

UNDERGRADUATE CHANGE OF ACADEMIC ADVISOR PETITION

Term: _____ Email: _____

Name: _____ UIN: _____

Current Advisor: _____ New Advisor: _____

Reason for request to change advisor

Student Signature: _____ Date: _____

FOR OFFICE USE:

Approved _____ New Advisor Signature: _____ Date: _____

Denied: _____ Reason for Denial:

College Signature: _____ Date: _____

Processed in database: Initials _____ Date: _____