

REQUEST FOR CHANGE OF ADVISOR

Please return to Academic and Instructional Services Office, 345 Education

Student Name: _____

UIN: _____ Email: _____

Current Advisor: _____

Proposed New Advisor: _____

Term Effective: _____

term/date

Advisor Approvals:

I agree to release this student as my advisee:

signature/date

I agree to accept this student as my advisee:

signature/date

Departmental Approval: _____

AISO USE ONLY

Date completed in Banner: _____ Initials: _____

Date student notified: _____ Initials: _____