

Southwestern University

REQUEST FOR CHANGE OF ACADEMIC ADVISOR

PLEASE CLEARLY PRINT ALL INFORMATION

Student Information:

Name: _____
 First **Middle** **Last**

Student I.D. or SS#: _____ S.U. E-mail: _____

Please meet with the faculty member whom you wish to be your new advisor. After obtaining the new advisor's approval signature, return this form to the Office of the Registrar.

I request the following change in academic advisor:

FROM: _____ S.U. E-mail: _____
Name of Current Advisor

TO: _____ S.U. E-mail: _____
Name of New Advisor

Signature of Student *Date*

Signature of New Advisor *Date*

OFFICE USE ONLY:

Student File Updated []
Changes E-mailed to:
Old Advisor []

Date: _____ By: _____

Office of the Registrar • P.O. Box 770 • Georgetown, TX 78627
Phone: 512-863-1952 • Fax: 512-863-1685