

ALL FIELDS MUST BE FILLED OUT COMPLETELY

DATE _____

(A change of advisor will not be accepted without all required signatures.)

_____	_____
STUDENT NAME	ID NUMBER (REQUIRED)
_____ / _____	_____ / _____
TELEPHONE NUMBER	NCU BOX
	EMAIL
Reason for Change:	

_____	_____
PRIMARY MAJOR	SECONDARY MAJOR/MINOR

CURRENT ADVISOR & DEPARTMENT	

NEW ADVISOR & DEPARTMENT	
_____	_____
STUDENT SIGNATURE (REQUIRED)	DATE OF CHANGE
_____	_____
CURRENT ADVISOR SIGNATURE (REQUIRED)	DATE OF CHANGE
_____	_____
NEW ADVISOR SIGNATURE (REQUIRED)	DATE OF CHANGE

FOR REGISTRAR USE ONLY:

_____ ENTERED IN QX STUDENT

_____ DB

_____ DATE