

CHANGE OF ACADEMIC ADVISOR

PLEASE CLEARLY PRINT ALL INFORMATION

STUDENT INFORMATION

Name:		
Last	First	Middle
Student ID or SS#:	SU Email:	
Please meet with the faculty memb the new advisor's approval signatu Registrar.		
I REQUEST THE FOLLOWING (CHANGE IN ACADEMIC ADVI	SOR:
FROM:Name of Current Adv	SU Email:	
Name of Current Adv	visor	
TO:	SU Email:	
Name of New Advis	or	
Student Signature:		Date:
New Advisor Signature:		Date:
OFFICE USE ONLY:		
Student File Updated [] Changes E-mailed to:		
Old Advisor []		
Date: By:		

Center for Academic Success and Registrar • PO Box 770 • Georgetown, TX 78627 Phone: 512-863-1952 • Fax: 512-863-1685 • registrar@southwestern.edu