Doc Type: ___ACR_____

Description: _____/_____

*For Registrar's Office Use Only

Texas Woman's University
Office of the Registrar

Advisor Change Request

_____ _____

Student ID Last Name First Name MI

_____

Major

Change Advisor from:

Former:
Type:
_____

Change Advisor to:

New:
Type:
_____

Second advisor

Additional:
Type:
_____

(*Only complete this section if adding an advisor to an existing advisor list for the student.)

_____ _____

Department Signature Date

*In order to be processed when digitally signed, form must be submitted from the TWU e-mail address of the authorizing signer.