

### Advisor Change Request

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Student ID	Last Name	First Name	MI
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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.)

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Department Signature

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Date

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