Complete this form and return it to the Student Development Center at least one month prior to the beginning of the next quarter. Every effort will be made to make the change you have requested. If it cannot be made, you will be notified; otherwise, you may assume your requested advisor has been assigned to work with you.

Name ____________________________   Student ID # ___________________   Phone (        )________________

Current Degree Program: (check one)

☐ AAS (Assoc. of Applied Science - Technical/Professional)  Program/Specialty: ____________________________
☐ AAS-T (Assoc. of Applied Science - Transfer)  Program/Specialty: ____________________________
☐ AA Degree (Assoc. of Arts - Transfer)
☐ AS Degree (Assoc. of Science -Transfer)
☐ Other: ____________________________

New Degree Program (if changing): (check one)

☐ AAS (Assoc. of Applied Science - Technical/Professional)  Program/Specialty: ____________________________
☐ AAS-T (Assoc. of Applied Science - Transfer)  Program/Specialty: ____________________________
☐ AA Degree (Assoc. of Arts - Transfer)
☐ AS Degree (Assoc. of Science -Transfer)
☐ Other: ____________________________

Current Advisor ___________________________  Requested Advisor _____________________________

Signature ________________________________  Date _____________________

Submit this completed form to the Student Development Center (formerly Counseling Services).

Revised: 6/2/04