

VERMONT TECH

Office of the Registrar

REQUEST FOR CHANGE OF ADVISOR

Student Name: _____ **ID:** _____

Current program/major: _____

Anticipated graduation term: _____

Current advisor: _____

I hereby request a change of academic advisor to: _____
(print desired advisor or leave blank)

(comment/reason not required)

Obtain the departmental or Academic Dean approval:

Approved **Not approved**

(print name) (signature) (date)

New advisor assigned: _____
(please print)

(comment)

Return to the Office of the Registrar

OFFICIAL USE ONLY

Advisor notification: _____
(old advisor) (date)

(new advisor) (date)

SPRO updated by: _____
(name) (date)