

ADVISOR CHANGE FORM

Submit completed form to
 Office of Student Services Administrator
 U of R Warner School, Dewey Hall 2-161F, R.C. Box 270425
 Rochester, New York 14627-0425

Please Print or Type

PERSONAL INFORMATION

Name: _____
Last First Middle

UR ID# (not SSN):

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Degree Program: _____

Advisors: _____
Current Proposed

Home Address: _____
Street Address & Apt. No. or P.O. Box City State Zip Code

Phone Number(s): () _____ () _____
Home Phone Work Phone

E-mail Address: _____

- I, the above-named student, have discussed this proposed change with the faculty member I wish to have as my new advisor and have his/her consent, indicated by the signature below.
- I also have discussed this proposed change with my current advisor, indicated by his/her signature below.
- I understand that when I have obtained the signatures of my current and prospective advisors, I must return this form to the Student Services Administrator, who will then obtain remaining signatures.
- I further understand that when the Administrator has obtained all signatures, I will receive confirmation that the change has been approved and that my advisor information has been updated in my records.

SIGNATURES

Student: _____
Signature Date

I agree to serve as advisor to the above-named student.

New Advisor: _____
Signature Date

The above-named student has my consent to change advisors.

Current Advisor: _____
Signature Date

Program Chair: _____
Signature Date

Associate Dean: _____
Signature Date