

Advising Success Center
Decker Hall 202 #44
1500 Birchmont Dr.
Bemidji, MN 56601
218/755-4226 Fax: 218/755-2228
advising@bemidjistate.edu

Advisor Change Form

Name: _____ SSN/BSU ID: _____
Undergraduate Graduate Major(s): _____ Degree: _____

Current Advisor: _____ Area of Emphasis/Specialty: _____
_____ Minor(s): _____

Current Advisor Campus Address: _____

Student Instructions: - Please read and sign

Complete the above information and present the form to the academic advisor to whom you wish to be assigned. The Advising Success Center will notify your current advisor of this change.

Student Signature: _____ Date: _____

New Advisor Instructions:

1. Print name and sign below.
2. Send both copies through the campus mail to: Advising Success Center, Sanford Hall, Room 101, #44

New Advisor Name: _____

New Advisor Signature: _____

On-Campus Address: _____

PLEASE NOTE: Upon completion of the advisor change your new advisee academic information, including transcript, DARS report, and advisor code, will be made available through E-Services. Transcripts and advisor access codes are automatically sent to new advisors during the first week of pre-registration.

Office Use ONLY

Advisor ID: _____

Date: _____ Initials: _____