Advisor Change Form

Name: __________________________________________ SSN/BSU ID: ________________

Undergraduate  Graduate

Major(s): __________________________________________ Degree: __________

_____________  __________

Current Advisor: __________________________________________ Area of Emphasis/Specialty: __________________________________________

Current Advisor Campus Address: ______________________________

Minor(s): __________________________________________

_____________  __________________

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 form through intra-campus mail to: Advising Success Center, Decker Hall, Room 202, #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.

Office Use ONLY
Advisor ID: ___________________________ Date: _______________ Initials: ________

Updated 08/2018