

Advising Success Center  
Decker Hall 202 #44  
1500 Birchmont Dr.  
Bemidji, MN 56601  
218/755-2038 Fax: 218/755-2228  
advising@bemidjistate.edu

# Advisor Change Form

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Name: \_\_\_\_\_ SSN/BSU ID: \_\_\_\_\_  
Undergraduate      Graduate      Major(s): \_\_\_\_\_ Degree: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Current Advisor: \_\_\_\_\_ Area of Emphasis/Specialty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Current Advisor Campus Address: \_\_\_\_\_ Minor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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
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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.

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**Office Use ONLY**

Advisor ID: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_