



**Clatsop
Community
College**

ADVISOR CHANGE REQUEST

I.D.# _____

Student's Name (please print) _____
Last First M.I.

Address _____
State Zip

E-Mail address _____

Phone # _____ Cell Phone # _____

Major _____

Current Advisor _____

Reason for wanting to change advisor: _____

I request that my advisor be changed to _____, I understand that this advisor may not be available and another advisor may be assigned.

Student's signature _____ Date _____

Current advisor's signature (suggested, not required) _____ Date _____

FOR OFFICE USE ONLY

- Received by Student Services
- Notification sent to new advisor
- Student notified by _____ Date _____

RETURN THIS FORM to the Office of Student Services, Room 115, Columbia Hall