Advisor Change Request

CCC ID# _____ Email _____ Telephone _____

First Name _____ M.I. _____ Last Name (Full Legal Name) _____ Date of Birth _____

Degree Pathway (Major) _____ Current Advisor _____

Reason for wanting to change advisor (optional):

_____

_____

_____

_____

I request that my advisor be changed to _____. Please note that your preferred advisor may not be available, and another advisor may be assigned.

_____ _____

Student Signature Date

Once completed, please submit this form in-person to the First Stop, Room 109, Columbia Hall, or via email to firststop@clatsopcc.edu

Submit completed form:
In-person: First Stop (Formerly the Welcome Center) Columbia 109 | **Tel:** (503) 338-2411
Mail: First Stop, Clatsop Community College, 1651 Lexington Ave, Astoria, OR 97103
Email: firststop@clatsopcc.edu

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Revised: 03/11/2024