

**MCLA**  
**Change of Advisor Form**

Student ID A \_\_\_\_\_ Major \_\_\_\_\_

Name of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_ date \_\_\_\_\_

Signature of Current Advisor \_\_\_\_\_ date \_\_\_\_\_

Signature of New Advisor \_\_\_\_\_ date \_\_\_\_\_

Signature of Department Chairperson \_\_\_\_\_ date \_\_\_\_\_

Completed form must be returned to the Registrar's Office for processing, Eldridge Hall, Room 102.