

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

Student A# \_\_\_\_\_ Major \_\_\_\_\_

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

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

Current Advisor \_\_\_\_\_ date \_\_\_\_\_

New Advisor \_\_\_\_\_ date \_\_\_\_\_

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

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

*Effective 2017/2018 Academic Year*