



Department of Biological Sciences
Change of Advisor Request Form

Student Name: _____

Student CWID#: _____

Major: _____

E-Mail: _____

Date: _____

Instructions: A student must first discuss the change with the faculty member whom the student wishes to engage as a new advisor and obtain the faculty member’s consent, which is indicated by his/her signature below. Submit this form to either Elizabeth Dixon or Sue Goebel in Room 1325 of the Science & Engineering Complex.

After the signature is obtained and the form is submitted, the advisor change will be entered into the department’s undergraduate database.

I agree to become the new advisor for the student whose name is listed above.

(Printed Name & Signature of Proposed Advisor) (Date)

OFFICE USE ONLY

Date Form Turned In: _____

Entered Into System By: _____ Date: _____