



# Departmental Request for Change of Faculty Advisor

Academic Advisors are assigned based on a students' declared major. Students should consult directly with their department and submit this form to request a change to their currently assigned advisor. Declarations or changes to your 'major' must be submitted using a 'Declaration/Change of Major' form.

## RETURN TO THE OFFICE OF THE REGISTRAR

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CNU ID#: \_\_\_\_\_

NAME: \_\_\_\_\_  
Please Print (Last) (First) (MI)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER(S): LIST AREA CODE & NUMBER CNU EMAIL ADDRESS: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_ CURRENT MAJOR: \_\_\_\_\_

CELL: \_\_\_\_\_

CURRENT FACULTY ADVISOR: \_\_\_\_\_

REQUESTED (NEW) FACULTY ADVISOR: \_\_\_\_\_

JUSTIFICATION FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I am requesting that my faculty advisor be changed as indicated above.  
I understand this is contingent on the approval of the academic department chair.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\*\*\* PLEASE NOTE: Form is *incomplete* and WILL NOT BE REVIEWED WITHOUT ALL applicable signatures below \*\*\*

FACULTY ADVISOR; NEW: (Check only one)  Approve  Disapprove  Reviewed with no recommendation

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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YOUR ACADEMIC DEPARTMENT CHAIR: (Check only one)  Approve  Disapprove  Reviewed with no recommendation

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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OFFICE OF THE REGISTRAR USE ONLY:  Approve  Deny Date of Action: \_\_\_\_\_

Comments: \_\_\_\_\_