

REQUEST FOR CHANGE OF EDUCATIONAL ADVISOR

Student Name: _____ Date: _____

Student ID #: _____

Status: BA Student MSW Student

Present Advisor: _____

New Advisor: _____ First Choice

_____ Second Choice

Reason for request:

Have you discussed this with your first choice? Yes No

If yes, does your first choice agree to be your advisor? Yes No

If yes, please have them sign below:

I agree to be Education Advisor: _____ Date: _____

For Office Use ONLY

New Advisor Assigned: _____

Approved: _____ Date: _____

Dr. Martha Vungkhanching, Department of Social Work Education Chair