

CHANGE OF ADVISOR REQUEST

Student Name: _____ Date: _____

Student ID #: _____

Student's Major Or Regional Campus: _____

Present Advisor: _____
Print Name *Signature*

Proposed Advisor: _____
Print Name *Signature*

Associate Dean, Student Affairs

Date

Student sends original document with signatures to:

**Student Affairs RAS E201
1200 Herman Pressler
Houston, TX 77030**

Questions: 713-500-9032

(Office Use Only) Copies to:

- Current Advisor
- Proposed Advisor
- Student
- Student Files

Update SIS-ADVR Screen