

DEPARTMENTAL REQUEST FOR CHANGE OF FACULTY ADVISOR

Academic Advisors are assigned based on a student's 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-

| CNU ID#: | | | | | |
|---------------------------|------------------------------|-------------------------|---------------------|---|----------------|
| NAME: | | | | | |
| Please Print | (Last) | (First) | | (MI) | |
| Address: | | | | | |
| PHONE NUMBER(s): LIST ARE | | CNU EMAIL ADD | RESS: | | |
| Work: | | CURRENT MAJOR: | : | | |
| C ELL: | | | | | |
| CURRENT FACULTY ADVI | SOR: | | | | |
| REQUESTED (NEW) FACU | JLTY ADVISOR: | | | | |
| JUSTIFICATION FOR REC | QUEST: | | | | |
| Student's Signature: | I understand that t | | approval of the aca | indicated above. demic department chair. Date: | |
| | is incomplete and WILL N | | | e signatures below *** | |
| FACULTY ADVISOR; N | IEW: (Check only one) | Approve | Disapprove | Reviewed with no recom | mendation |
| Printed Name: | | Signature: | | Date: _ | |
| Comments: | | | | | |
| YOUR ACADEMIC DEF | PARTMENT CHAIR: (Che | ck only one) App | rove Disapp | rove Reviewed with no | recommendation |
| Printed Name: | | Signature: | | Date: | |
| | | | | | |
| | AR USE ONLY: | | | Date of Action: | |
| OTTICE OF THE REGISTR | AN OUL ONE! | □ ₩hioge | belly | Date of Action. | |
| Comments: | | | | | |
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