



LINDSEY  
WILSON  
UNIVERSITY

## Change Of Advisor

Complete the entire sheet and return it to the Academic Affairs Office

Students Name: \_\_\_\_\_ L#: \_\_\_\_\_.

Campus: ☐ Main ☐ Online ☐ Extended-Site

Requested Advisor: \_\_\_\_\_.

Are you requesting the Change of Advisor due to a change of Major Program?

☐ YES ☐ NO

*If YES, make sure you have already completed the additional CHANGE OF MAJOR form and submitted it to the Registrar's Office.*

(Circle one below)

Current Major -or- New Major: \_\_\_\_\_.

Emphasis: \_\_\_\_\_.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Current Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_.