



REQUEST FOR CHANGE OF ADVISOR

Name: _____ Student ID # _____

Date: _____ Classification: _____

Tusculum email: _____

Current Advisor: _____

Program of Study (new): _____

Reason for Request: _____

Please indicate below if you are requesting a specific advisor:

Student Signature: _____

RETURN COMPLETED FORM TO:

Jill Oberfeiting. Academic Resource Center (Niswonger 412) or Box 5065

Office Use Only:

Date Received:

New Advisor Assigned

Date Change Complete

Date Change of Advisor letter Sent

Date Old Advisor emailed

Transfer Complete: