



| Change of Academic Advisor Notification | |
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| To: SILS Student Services, 100 Manning Hall, CB #3360 | |
| Student Information | |
| Name: | Semester: |
| PID: | |
| Degree (check one): | <input type="checkbox"/> BSIS <input type="checkbox"/> MSIS <input type="checkbox"/> MSLS <input type="checkbox"/> PhD |
| E-mail: | |
| Former Academic Advisor: | |
| New Academic Advisor: | |

I have consulted with the student listed above and agree to serve as his or her new academic advisor. I also agree to request advising documentation from the student's former academic advisor.

Comments:

New Academic Advisor Signature

Date

Print Name

For Office Use Only

Advisor Updated

Initial: _____