

The University of Louisiana at Monroe
College of Arts, Education, and Sciences
Advising Form: **Request to Change Advisors**

Name _____	CWID _____	Date _____
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School _____	Major _____	Change Advisor to: _____
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Reason for Changing Advisors _____

NOTE: This slip must be completed and submitted to the Dean's Office so that student's record can be updated in the system.

Student's Signature and Date _____

Advisor's Signature and Date _____

Director's Signature and Date _____
