

Change of Advisor Request

Current students may use this form to change their faculty advisor appointments.

Instructions for this form:

Plan Code:

- 1. Provide student information
- 2. Provide advisor information
- 3. Obtain advisor approvals prior to submission (electronic signatures are accepted)

Name:		Student ID:	Campus:	
Program:	Department:		Major:	
Current Faculty Advisor, P	rinted		Current Faculty Advisor, Signature	 Date
Requested Faculty Advisor, Printed			Requested Faculty Advisor, Signature	 Date
Notes (optional):				
	Office of Academic Af		nents with signatures to: nt Services (SPHStudentRecords@uth.tmc.edu)	
Office Use Only:				
Office of Academic Affairs	Representative Printed		Office of Academic Affairs, Signature	— — Date