

BREVARD COLLEGE
Change of Advisor

(Please Print Information)

Name of Student _____ Brevard College ID: _____

Division _____ Major _____

Former Advisor _____

New Advisor _____

Approved: _____
Signature of Chair of the Division Date

Signature of Former Advisor Date

Signature of New Advisor Date

Signature of Student Date

ALL SIGNATURES MUST BE ON THIS FORM TO BE OFFICIAL.

Please Return to the Office of the Registrar
Beam Administration Building, Room 105

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: _____ Date Processed: _____ Initials: _____