

**NOTRE DAME COLLEGE
CHANGE OF ADVISOR**
(please print all information clearly)

*NAME _____

*STUDENT ID NUMBER _____

*MAJOR _____ Is this a new major? YES _____ NO _____

_____ I would like to be assigned an advisor in my major.

Preference: _____

_____ I request a change of advisor

From _____ To _____

Signature

Date

Please note that in order for your request to be processed correctly all fields denoted with an asterisk () must be filled in.