



MarymountManhattan

Office of Academic Advisement

Faculty Advisor Change Request Form

Name _____ Date: _____

Student ID: _____ Phone Number: _____

Current Major _____

Current Faculty Advisor _____

New Faculty Advisor: _____

Reason for request:

Student Signature: _____ Date: _____

Approved Signatures

Department/Division Chairperson: _____ Date: _____

New Faculty Advisor: _____ Date: _____