

NEW ADVISOR REQUEST FORM

(PLEASE PRINT UNLESS OTHERWISE INDICATED)

Student Name _____ MVCC Student Number _____

Major _____

Semester of Request: (Circle one, include year) Fall Spring Summer Year: _____

Current Advisor _____

Advisor Requested _____

If an advisor is requested for a particular campus, please indicate the campus predominantly attended:

(Circle one) Utica Rome Online

Reason for requesting a change:

I, _____, (advisor requested) agree to serve as academic advisor for the student named above.

Signature of new advisor _____ Date _____

Student signature _____ Date _____

RETURN FORM TO THE ACADEMIC CENTER WHICH HOUSES YOUR MAJOR

COPIES: Student
New Advisor
Center of Major