

SIMPSON COLLEGE

CHANGE/ADD ADVISOR FORM

Student name: _____ I.D. _____ Date _____
Please print name and sign below

Campus box _____ Email _____

Current Major(s) _____

Current Minor(s) _____

Anticipated Graduation Date _____

CHANGE YOUR CURRENT ADVISOR

Please complete this section if you need to change your current advisor.

Current Advisor (print name) _____

Current Advisor signature _____ Date _____

New Advisor (print name) _____

New Advisor signature _____ Date _____

Student Signature _____

ADD AN ADDITIONAL ADVISOR

Please complete this section if you need to add a second or third advisor.

2nd Advisor (print name) _____

2nd Advisor signature _____ Date _____

3rd Advisor (print name) _____

3rd Advisor signature _____ Date _____

Student Signature _____