

Simpson College

Advisor Update Form

Name: _____ Simpson ID Number: _____

E-mail: _____ Cell Number: _____

Student Signature: _____ Date: _____

NOTE: You must have an advisor in the department of each major you declare.

_____ **I AM KEEPING MY CURRENT ADVISOR(S).** (No signature required)

Advisor (print name): _____

Advisor (print name): _____

_____ **I AM DROPPING MY CURRENT ADVISOR(S).** (Signature(s) required)

Advisor (print name): _____

Advisor Signature: _____ Date: _____

Advisor (print name): _____

Advisor Signature: _____ Date: _____

_____ **I AM ADDING NEW/ADDITIONAL ADVISOR(S).** (Signature required)

Advisor (print name): _____

Advisor Signature: _____ Date: _____

Advisor (print name): _____

Advisor Signature: _____ Date: _____

Recorded by: _____ Date: _____