

CHANGE OF ADVISOR
REGISTRAR'S OFFICE

847.866.3905 | 847.866.3884 fax | 2121 Sheridan Road | Evanston, Illinois 60201 | 800.SEMINARY | www.garrett.edu

Please complete this form and obtain the *new advisor's signature* of agreement and the director of the degree program's signature of approval when indicated.

Return this form to the office of the registrar.

Student's name: _____

Degree program: _____

My current advisor is: _____

Change my advisor to: _____

Director of degree program's signature:

_____ Date: _____

New advisor's signature of agreement:

_____ Date: _____

cc: current advisor

Sabbaticals and leaves for 2008-2009:

Fall

R Blount

B Waters

KK Yeo

Spring

R Blount

D Judy

J Poling

O Vena

Advisor Change Request