

**SIMMONS UNIVERSITY SLIS
CHANGE OF ADVISOR/CHANGE OF PROGRAM FORM**

Name: _____ Student ID#: _____
(Please print)

What Are We Changing? (Check all that apply): _____ Advisor _____ Program

Change Advisor:

Current Advisor Name (please print): _____

* If changing advisor only, please confirm your current program: _____

New Advisor Name (please print): _____

New Advisor Must Sign Below; I agree to advise this student:

Signature: _____ Date: _____
(New Advisor Signature Required)

Change Program:

Current Program: _____

New Program (Please check one):

Master of Science:

- Library and Information Science (MS.LS): _____
- Library and Information Science – Online (MS.LS.OL): _____
- Library and Information Science - Mount Holyoke (MS.LS.MH): _____
- Library and Information Science: Archives Management (MS.LS.ARCV): _____
- Library and Information Science: Archives Management – Mount Holyoke (MS.LS.ARCVMH): _____
- Library and Information Science: Archives Management – Online (MS.LS.ARCVOL.OL): _____
- Library and Information Science: Cultural Heritage (MS.LS.CULT): _____
- Library and Information Science: Cultural Heritage – Mount Holyoke (MS.LS.CULT.MH): _____
- Library and Information Science: Information Science & Technology (MS.LS.IST): _____
- Library and Information Science: Information Science & Technology – Online (MS.LS.IST.OL): _____
- Library and Information Science: Information Science & Technology – Mount Holyoke (MS.LS.IST.MH): _____
- Library and Information Science: School Library Teacher Program (MS.LS.SLTP): _____
- Library and Information Science: School Library Teacher Program – Mount Holyoke (MS.LS.SLMH): _____

Campus (Please check one): _____ Boston _____ Mount. Holyoke _____ Online _____ Carle Museum

Student Signature: _____ Date: _____

Comments:

OFFICE USE ONLY: _____
(Program Code) (Campus code) (Billing Code/Student)