

## SIMMONS UNIVERSITY SLIS CHANGE OF ADVISOR FORM

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Current Advisor Name: \_\_\_\_\_

Please confirm your current program: \_\_\_\_\_

New Advisor Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(New Advisor Signature Required)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: \_\_\_\_\_