

COLLEGE *of* CHARLESTON

DEPARTMENT OF PSYCHOLOGY

CHANGE IN PSYCHOLOGY ADVISOR

(Type or Print)

Full Name of Student _____

Student ID# _____ Email Address _____

Date of Request _____ Anticipated Graduation Date _____

Local Address _____

Local Phone No. _____ Business Phone No. _____

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Previous Advisor _____

Reason for Change *(Note: Your previous advisor and new advisor will not see this form)*

Student Signature _____

Date _____

New Advisor *(Assigned by Department)* _____

Dept. Chair or Associate Chair Signature _____

Date _____