Our goal is to help facilitate an optimal advising relationship between a student and their advisor. Therefore, students may request a change in their assigned advisor after the first year of enrollment at Antioch.

Student Name: ____________________________ Date: ___________________
First    Middle    Last

Student ID: ____________________________ Phone: ____________________________

What is your area of academic interest? ___________________________________________________________________________

REASON FOR CHANGE: In your own words, identify the reason for a change in advisor.

CURRENT ADVISOR NAME (Print): ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

STUDENT INSTRUCTIONS: Please read and sign

*Complete the above information and present the form to the advisor to whom you wish to be assigned. The Office of the Registrar will notify you and your current advisor of this change, if approved.

STUDENT SIGNATURE: ____________________________ DATE: ___________________

NEW ADVISOR INSTRUCTIONS: Print name and sign below

*Please submit this form to the Office of the Registrar once you have signed this form for processing and notification of approval/non-approval.

NEW ADVISOR (Print): ____________________________

New advisor signature: ____________________________ Date: ___________________

FOR OFFICE USE ONLY: Processed: ___________________ By: ___________________
Date                 Registrar or Designee

Email Sent to STUDENT, CURRENT and NEW Advisor: YES   NO Date of Email: _________________