

**SIMMONS COLLEGE
GSLIS**

**CHANGE OF ADVISOR/CHANGE OF PROGRAM
FORM**

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURES

Name: _____

Student ID #: _____

CHANGE OF ADVISOR

___ YES

___ NO

Please change my academic advisor

from:

to:

(Name): _____

(Name) _____

New Advisor: I agree to advise this student.

Signature: _____ Date: _____
(required)

CHANGE OF PROGRAM

___ YES

___ NO

Please change my academic program

from: _____

to: _____

Comments

Student's signature: _____

Date: _____