CLAREMONT McKENNA COLLEGE

Office of the Registrar and Institutional Research

ADVISOR CHANGE FORM

Name of Student (please print):_____ ID #: _____

Major(s): _____ Grad Year: _____

I would like to (check only one)**:**

- ☐ Add this advisor as my primary academic advisor and drop my previous advisor.
- ☐ Add this advisor as my primary academic advisor and keep my previous advisor.
- ☐ Add this advisor as an additional academic advisor.

New Advisor Name (please print): _____

New Advisor College: _____ New Advisor Department: _____

New Advisor Signature: _____ Date: _____