

# Change of Advisor Form

## School of Counseling and Counseling Psychology

This form must be submitted any time the student changes program advisors (that is, chooses a new program advisor). **Please obtain signature from current advisor first.**

Student's Name \_\_\_\_\_ ASU ID # \_\_\_\_\_ Date \_\_\_\_\_

Current Program Advisor's Name \_\_\_\_\_ Current

Program Advisor's Signature (and Date) \_\_\_\_\_ Date

\_\_\_\_\_

New Program Advisor's Name \_\_\_\_\_

New Program Advisor's Signature (and Date) \_\_\_\_\_

Date \_\_\_\_\_

School Director's Signature (and Date) \_\_\_\_\_ Date \_\_\_\_\_

The student should give the original signed form to the Program Staff Member to be placed in the student's permanent file. The student should retain copies.