

Pacific Lutheran University
School of Nursing
CHANGE OF ADVISOR REQUEST

Name

Date

Student ID#

Please Select Level

Current Advisor

New Advisor

Reason(s) for Change:

Signature of New Advisor _____ Date _____
(Sign only after above sections are completed)

Change Approved: _____ Date _____
(Signature of SoN Assoc. Director of Advising)

PLEASE SUBMIT via EMAIL to SoN Assoc. Director of Advising, Admission, & Student Support

For office use only: *Banner* *Roster* *APC* *Approval communicated to Student/Faculty*