

## ADVISOR CHANGE FORM

(please print clearly)				
Last Name		First Name		Cornell ID
Telephone # (area code) xxx - xx	XX	Expected Graduation Da (month/year)		Current Term (spring, summer, fall)
Please note in my record	ds that I have cha	nged my faculty advisor fron	າ	
			(previous ad	visor printed name)
to				
	or printed name)	·		
New Advisor Signature	: <u> </u>			 Date
Student Signature: _				
			NetID	Today's Date
Official Use Only	Processed by:		Date:	

**Office of Student Services** 

180 Statler Hall Ithaca, NY 14853 Updated 6/2020

Contact us: (607) 255-9393

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