Return to EHD Registrar: ehd-registrar@virginia.edu

## **Faculty Advisor Change Request**

Today's Date:	SIS ID:		
Name:			
Last	First	Middle	
Program Area:	Degree Status:		
Obtain signatures from (1) current advisor chairperson. Once you have all signatures,		• •	inal
approval.	picase return to Cui	iry Registrar for h	iiiai
Request Change in Advisor from	to_		
Current Advisor's signature	Date	Approve	
Is this student in good standing? $\square$ Yes $\square$	] No	Deny	
New Advisor	Date	Approve	
		Deny	
Department Chair	Date	Approve	
		Deny	
Office Use Only			
Final Action: Dean's Representative: Gra	anted   Denied		
Signature:	Da	te:	