



ASSUMPTION COLLEGE

500 Salisbury Street, Worcester, Massachusetts 01609-1296

OFFICE
OF
REGISTRAR

CHANGE OF ADVISOR

STUDENT ID #: _____ MAJOR: _____

STUDENT'S NAME: _____ CLASS OF: _____
(PLEASE PRINT)

CAMPUS BOX NO. _____

PLEASE BE INFORMED THAT MY NEW ADVISOR IS: _____

NEW ADVISOR'S SIGNATURE

DATE

PLEASE RETURN THE COMPLETED FORM IN ITS ENTIRETY TO THE REGISTRAR'S OFFICE.

White: Registrar's Office

Canary: New Advisor

Pink: Old Advisor

Gold: Student