



**ADVISOR CHANGE**

Name (print)			
<small>First</small>	<small>Middle</small>	<small>Last</small>	
Student ID#		Date	
Major(s)			
Old Advisor		New Advisor	

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

New Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return this form to the Registrar's Office**

BVU, Office of the Registrar, 610 W. Fourth Street, Box 2009, Storm Lake, IA 50588  
<http://www.bvu.edu/departments/academicaffairs/registrar/> • 712.749.2233 • Fax: 712.749.1466

<b>Office Use:</b> Parties notified of change	Date _____
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