IAIA

INSTITUTE OF
AMERICAN INDIAN ARTS

# CHANGE OF ACADEMIC ADVISOR FORM

I, _____ request that my

      STUDENT NAME

ACADEMIC ADVISOR BE CHANGED FROM:_____

_____      _____

CURRENT ADVISOR SIGNATURE          DATE

TO:_____

_____   _____

ACCEPTING ADVISOR SIGNATURE         DATE

_____   _____

STUDENT SIGNATURE               DATE

PLEASE RETURN THIS FORM TO THE REGISTRAR'S OFFICE AFTER
OBTAINING ALL SIGNATURES.

| Office Use Only | | |
|---|---|---|
| Date Received | Date Processed | Initials |
| | | |