



ROCKY
MOUNTAIN
COLLEGE

Request for Change of Academic Program / Advisor / Catalog Office of Student Records

Student's Name: _____

Address: _____

Email Address: _____ Phone: _____

Advisor Change:

New Advisor Requested: _____

Former Academic Advisor: _____ (optional)

New Advisor Signature: _____ Date: _____

Former Academic Advisor: Please forward student's file to new Academic Advisor. Thank you.

Declaration or Change of Major and/or Minor:

Major(s): _____

Minor(s): _____

Declaration or Change of Catalog:

Current Catalog: _____ Requested Catalog: _____

Advisor Signature: _____ (required)

***Note:** Students requesting a change of catalog agree to fulfill all requirements outlined within that catalog.*

Signature:

Student: _____ Date: _____

Copy to Former Advisor _____