



ROCKY
MOUNTAIN
COLLEGE

**Academic Advisor or Program (Major/Minor) Change
Office of Student Records**

Student's Name: _____

Address: _____

Email Address: _____ Phone: _____

Academic Advisor Change: (leave blank if there is no change)

New Advisor Requested: _____

Former Academic Advisor: _____ (optional)

Signature of New Advisor: _____ **Date:** _____

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

Declaration or Change of Major(s) and/or Minor(s):

List all current/desired majors or minors. Anything not listed will be removed.

Major(s): _____

Minor(s): _____

Student Signature: _____ **Date:** _____

(For office use) Copy to former advisor _____