Request to Change Undergraduate Adviser

Return this form to Student Academic Affairs Office in 142 Education. You may choose to place this in a sealed envelope provided by SAAO staff.

Name ___________________________________  UIN ________________________________

Major ___________________________________  Phone Number _________________________

Assigned Adviser ________________________

Reason for Change*_____________________________________________________________________________
  _____________________________________________________________________________________________
  _____________________________________________________________________________________________

*Please note: In lieu of a written reason, you may make an appointment to speak with Kathy Ryan, Assistant Dean for Academic Affairs (stop by 142 Education or call 217-333-2800).

Date of appointment with Asst. Dean* ________________________________

Student Signature ___________________________ Date __________________________

SAAO use only:

Form collected by: ___________ Date ______________

Assistant Dean: ___Approve ___Deny  Comments ____________________________________________
  ___________________________________________________________________________________________
  ___________________________________________________________________________________________

Asst. Dean Signature ___________________________ Date __________________________