



State University of New York

# Change of Advisor Form

*The Centers for Student Engagement and Academic Success*

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C #: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Phone Number: \_\_\_\_\_

Effective Semester: \_\_\_\_\_

Advisor Change: \_\_\_\_\_  
From To

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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Completed By: Staff Signature	Date Changed