UNIVERSITY OF NEW ENGLAND

Application for Change of Advisor

I hereby announce my intent to change my advisor.

FROM: Advisor Name: _____

TO: Advisor Name: _____

Student's Name: _____

Personal Reference #: _____ **Campus: Biddeford** ☐ **Portland** ☐

E-mail Address: _____

Phone Number: _____

Current Advisor Signature: _____ **Date:** _____

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

Department Chair Signature: _____ **Date:** _____

REGISTRAR'S OFFICE
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