

# REQUEST FOR CHANGE OF UNDERGRADUATE ACADEMIC ADVISOR

*Return completed form to Advising Secretary, Bayou 1231.  
Contact the Office of Academic Advising at 281-283-3600  
or [education@uhcl.edu](mailto:education@uhcl.edu) with questions.*

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Advisor: \_\_\_\_\_ Requested Advisor: \_\_\_\_\_

Reason for requesting change:

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

**The advisor change is not valid until approved by the Director of Student Relations.  
Once processed, a copy of this form will be emailed to you.**

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*For Office Use Only*

- Approved
- Denied

Comments:

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Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Processed: \_\_\_\_\_

Date: \_\_\_\_\_