St. Mary's College of Maryland
at Historic St. Mary's City

REQUEST FOR CHANGE OF ADVISER

Last Name First Name ID # (not SS #)

I REQUEST THE FOLLOWING CHANGE OF ADVISER:

OLD ADVISER'S NAME (print) NEW ADVISER'S NAME (print)

I have talked with the above student and agree to be his/her new adviser.

New Adviser's Signature/Date

DECLARATION OF MAJOR or CHANGE OF MAJOR

CURRENT DECLARED MAJOR or NONE NEW MAJOR or ADDITION
(Circle one of the above choices)

Are you planning to complete requirements for teacher certification? ___yes ___no

Are you planning to complete requirements in one of the following cross-disciplinary study areas? (Check the proper area)

African and African Diaspora Studies ____ East Asian Studies ____
Environmental Studies ____ Women, Gender, and Sexuality Studies____

STUDENT SHOULD RETURN THE COMPLETED FORM TO
THE ASSOCIATE PROVOST FOR ACADEMIC SERVICES
ANNE ARUNDEL HALL 100