

The College of Saint Rose
Office of Academic Advising

Date: _____

I would like to change/add: ☐ **Major** ☐ **Concentration**
☐ **Minor** ☐ **Advisor** (*May require approval from new advisor*)

Class Standing: ☐ First-year ☐ Sophomore ☐ Junior ☐ Senior

Student ID #: _____

Student Name: _____

Phone: _____ Email: _____

Present Major: _____

Present Concentration/Minor: _____

Present Advisor: _____

New Major: _____

New Concentration: _____

New Minor: _____

New Advisor: _____

(To be assigned by Office of Academic Advising if not requesting Advisor change)

Student Signature _____

Comment _____

Director of Academic Advising _____

****Student: Check your Academic Progress Report to verify new changes.**

***Former Advisor: SEND STUDENT FILE TO NEW ADVISOR WITHIN 2 WEEKS.**

New Advisor: *If file is not received within 2 weeks, contact former advisor.