University at Buffalo State University of New York

DEPARTMENT OF ANTHROPOLOGY

Office of Undergraduate Studies 380 Academic Center – Ellicott Complex Buffalo, NY 14261-0026

REQUEST FOR CHANGE OF ADVISOR

If you would like to request a change in advisor, you must fill out this form, sign it, and submit it to the Office of Undergraduate Studies. If you have identified a faculty member who you would like to serve as your new advisor, please obtain his/her signature prior to submitting the form. If you would like a new advisor assigned to you, you may turn in the form with just your signature. You will receive notification via email when your request has been processed and approved.

STUDENT NAME _____

Person No	Email Address	
Name of FORMER Advisor	r	
• Name of REQUEST	ED Advisor	
• I would like a new	OR Advisor assigned to me by the Direc	ctor of Undergraduate Studies.
Reason for Request		
	cription of the reason you would like to req a would like to replace your originally assig	
· ·	nted)	
New Advisor's signature		Date