



**Advisor and Curriculum Form**  
 (Use Ball point pen. Press firmly enough to print on last copy)  
 This form is to be used by degree seeking students only.

Name: Last				First				MI				Student ID #			
Mailing Address (Street, Apt #, Post Office Box)															
City				State				Zip Code				Phone #			
I, _____ request the changes shown below. (Print name)															
Signature												Date			

		Degree			
		CURRENT		NEW	
	Certificate Applied Studies/CAS	<input type="checkbox"/>		Certificate Applied Studies/CAS	<input type="checkbox"/>
	Associate in Fine Arts/AFA	<input type="checkbox"/>		Associate in Fine Arts/AFA	<input type="checkbox"/>
	Associate of Science/AS	<input type="checkbox"/>		Associate of Science/AS	<input type="checkbox"/>
	Associate of Applied Science/AAS	<input type="checkbox"/>		Associate of Applied Science/AAS	<input type="checkbox"/>
	Associate of Applied Science, Technical Studies/AASTS	<input type="checkbox"/>		Associate of Applied Science, Technical Studies/AASTS	<input type="checkbox"/>
Major					
Specialization/ Concentrations					

**Office Use Only**

Advisor's Name	Current	New
Comments		
Distribution: ___ Student ___ New Advisor	Entered into BANNER by:	
		Date