



Last Name	
First Name	
UVA ID #	
UVA e-mail	
Phone #	

FACULTY ADVISOR CHANGE REQUEST

Association: Are you or were you ever an Echols Scholar Student Athlete Transfer Student

If none of the above, what was your **first-year residence hall?** _____

INSTRUCTIONS:

1. **Select** a faculty advisor. Non-major advisors must be College Faculty. Major advisors must be approved to advise by the major department.
2. **Meet** with your new advisor. Have them complete and sign this form.
3. **Return** the form to the College Registrar.

To be completed by the Faculty Advisor:

I agree to serve as the academic advisor for the above student.

Name _____
(Print Clearly)

Department _____

E-mail Address _____

Faculty Signature _____

Office use only

Entered by: _____ Date Entered: _____
(Be sure to associate the new advisor with the correct program plan.)