



Change of Advisor Form

Please note: In order to submit a form, student must meet with assigned advisor first. Completing a change of advisor form does not guarantee approval. Please expect a response within 15 business days from received date.

Personal Information

Name: _____

ID Number: _____ Date: _____

Phone: _____

Morton Email Address: _____

Academic Information

Degree or Certificate currently Pursuing: _____

Concentration: _____

Currently Assigned Academic Advisor: _____

Requested Academic Advisor: _____

Why do you want to change Academic Advisor _____

Student Signature

OFFICE USE ONLY

Communication to Student Completed:

Signature _____

Date _____

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