



State University of New York
CLINTON
Community College

REQUEST FOR: (check all applicable)

CURRICULUM CHANGE _____ ADVISOR CHANGE _____

Student and current advisor: Please complete and sign the top portion of this form and submit to the Registrar's Office, Room 130M.

Student Name: _____

Student ID#: _____ Semester of change: _____

Current Degree/Certificate Program: _____

Current Advisement Option/Track (if applicable): _____

New Degree/Certificate Program: _____

New Advisement Option/Track (if applicable): _____

Student's Signature/Date: _____

Current Advisor's Signature/Date: _____

_____ I'll continue to advise student _____ Student needs new advisor

FOR OFFICE USE ONLY: Do not write below this line

Degree Audit Updated (Initials/Date): _____ Program Updated (Initials/Date): _____

New Advisor: _____ Dates/Initials: _____