



Change of Advisor

Office of the Registrar

1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502/2503 • Fax (909)447-6242/6241 • cstregistrar@cst.edu

Submit completed form to the Office of the Registrar.

Student's Name: _____ Date: _____

I request the assistance of _____ as my new advisor for
the _____ degree program.

My expected area of study is :

Signatures: Student: _____ Date: _____

New Advisor: _____ Date: _____

Previous Advisor: _____ Date: _____

*If your previous advisor has resigned or retired, his/her signature is not required.