

New Mexico State University Alamogordo

Student Success 2400 North Scenic Drive Alamogordo, NM 88310 575.439.3600

Change of Advisor Form

Student:												
First Name						_	Last Name					
Aggie ID												
Academic	Progra	am:										
l am reque confirmati										not official until I receive a		
 Signature						_	D.	Date				
Current A	cadem	ic Adv	visor:									
First Name						_	Last Name					
Requeste	d Acad	emic <i>i</i>	Adviso	or:								
First Name _						_	_ La	Last Name				
Approved	VPSS:											
Signature						_	D.	 Date				



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Change of Financial Advisor Form

Student:	
First Name	Last Name
Aggie ID	
Academic Program:	
I am requesting to change my advise confirmation in writing from the Vice	or. I understand this change is not official until I receive a e President of Student Services.
Signature	Date
Current Financial Advisor:	
First Name	Last Name
Requested Financial Advisor:	
First Name	Last Name
Approved VPSS:	
Signature	Date