



Advisor Change Form

Office of the Registrar
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Claremont, CA 91711

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Fax: (909)607-0459
registrar@hmc.edu

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID: _____ Class of: _____

Student Signature: _____

Date: _____

I would like to change my current:

Major Advisor

Minor Advisor

Major/Minor: _____

Current Advisor Name: _____

New Advisor Name: _____

New Advisor Signature: _____

Date: _____

I would like to change my current HSA advisor.

Current Advisor Name: _____

New Advisor Name: _____

New Advisor Signature: _____

Date: _____

HSA Coordinator Signature: _____

Date: _____