



SCHOOL *of* NURSING

***REQUEST TO CHANGE ACADEMIC ADVISOR***

STUDENT'S Full Name \_\_\_\_\_

University ID (9-digit) \_\_\_\_\_

NAME of Former Advisor \_\_\_\_\_

SIGNATURE of Former Advisor \_\_\_\_\_

NAME of New Advisor \_\_\_\_\_

SIGNATURE of New Advisor \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE SUBMIT TO SCHOOL OF NURSING REGISTRAR ([SON-REGISTRAR@VIRGINIA.EDU](mailto:SON-REGISTRAR@VIRGINIA.EDU))  
FOR PROCESSING