

OZARKS TECHNICAL COMMUNITY COLLEGE

Change of Advisor

Office of the Registrar

NAME: _____ Student ID # _____

CURRENT DEGREE PROGRAM: _____

PRIMARY CLASS LOCATION: (circle one) Springfield Richwood Valley Lebanon
Branson Waynesville Online

ADVISOR REQUESTED: _____
(**only** if you are requesting a SPECIFIC advisor)

ADVISOR'S SIGNATURE: _____
(**only** if you have requested a SPECIFIC advisor)

STUDENT'S SIGNATURE: _____ DATE _____

For Office Use Only

Processed by: _____ Date _____