

BENNINGTON COLLEGE

CHANGE OF ADVISOR APPLICATION

Date: _____

Student's Name: _____ Current term: _____

Proposed Advisor change:

From: _____

To: _____

Reason for Change:

This change is proposed to take effect immediately next term.

Current Advisor: please sign below if you agree with this change of advisor.

Signature: _____ Date: _____

Proposed Advisor: please sign below if you agree to take this student on as a new advisee.

Signature: _____ Date: _____

Office of the Provost and Dean Action

Approved Denied

Signature: _____ Date: _____