

**KENYON COLLEGE ADVISOR CHANGE FORM**

ID Number \_\_\_\_\_

Student Name \_\_\_\_\_

New Advisor's Name \_\_\_\_\_

New Advisor's Signature \_\_\_\_\_

Name of Previous Advisor \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only**

Date entered:	Initials:
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