

New Mexico State University  
Department of Health Science  
Room 102, Health & Social Services Building  
1335 International Mall  
P.O. Box 30001, MSC 3HLS  
Las Cruces, NM 88003  
Phone 505-646-4300  
Fax 505-646-4343  
Email sarnold@nmsu.edu  
Dept web site <http://www.nmsu.edu/~hlthdpt/>

**REQUEST FOR CHANGE OF ADVISOR**

This form is intended for both undergraduate and graduate students in the Department of Health Science. Students should feel free to request a change of advisor as their needs and interests change. However, it is important to notify the Department for record-keeping purposes.

DATE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

NAME OF CURRENT  
ADVISOR \_\_\_\_\_

NAME OF NEW ADVISOR \_\_\_\_\_

SIGNATURE OF NEW  
ADVISOR \_\_\_\_\_

---

RETURN THIS COMPLETED FORM TO THE DEPARTMENT OF HEALTH SCIENCE

DEPARTMENT HEAD  
SIGNATURE \_\_\_\_\_

CCStudent file  
Current advisor  
New advisor