

Date Filed: \_\_\_\_\_

**CREIGHTON UNIVERSITY  
SCHOOL OF PHARMACY AND HEALTH PROFESSIONS  
CHANGE OF ACADEMIC ADVISOR FORM**

Student Name: \_\_\_\_\_ Net ID \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Professional Program: \_\_\_\_\_ Professional Year: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Present Academic Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send student's file to:

New Academic Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE: You must receive permission from your new academic advisor prior to submitting this form.**

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ACTION: \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED

COMMENTS:

\_\_\_\_\_  
Academic Success Counselor      Date

- XC: Student File
- Email Present Academic Advisor
- Email New Academic Advisor
- Email Student