

OZARKS TECHNICAL COMMUNITY COLLEGE

CHANGE OF ACADEMIC ADVISOR Office of the Registrar

NOTE: This form is NOT required if you submit a Program Selection form to change your Program of Study. An appropriate advisor will be assigned when that form is processed.

Name (Last, First, MI) _____

Phone: (____) _____ Student ID # _____

OTC Email Address _____@otc.edu

Advisor Selection:

- Assign me to a new advisor in my program. I have no preference.
- Assign me to the following advisor: _____

Student Signature _____ Date _____

Received by/Date

Processed by/Date