

Student's Name: _____

Skidmore ID#: _____

Former Advisor's Name: _____

New Advisor's Name: _____

New Advisor's Signature: _____

Student's Signature: _____

Date: _____

Return this form to:

Office of Academic Advising, 815 North Broadway, Skidmore College, Saratoga Springs, NY 12866

Or send via email from student's Skidmore email account to:

advising@skidmore.edu

Note: Student and Advisor Signatures may be sent via email approval.
