Advisor Request Form
Deadline for Submission: September 19 (for Fall semester) and January 31 (for Spring semester).

Date: __________________________________
Student I.D. #: ________________________
Student Name: ____________________________
Current Advisor: __________________________
Requested Advisor: ________________________

Please note that the Department of Academic Advising will attempt to fulfill Advisor requests whenever possible. Submission of an Advisor Request form does not guarantee the assignment. Students will be able to identify their advisor by logging into https://myrcc.rcc.mass.edu/ after November 1 (Fall semester) and April 1 (Spring semester).

Student/Advisor please read and sign below acknowledging that you read the statement:

Student Signature: _______________________________ Date: _____________
Requested Advisor Signature: _________________________ Date: ___________

Academic Advising Use Only

Processed by: ___________________________________ Date: _________________

Academic Advising Staff