College of Health & Human Services
School of Nursing

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CHANGE OF ADVISOR REQUEST

INSTRUCTIONS

- ***Please type or print the requested information***.
- ***Discuss the change request with current advisor and obtain his/her signature.***
- ***The new advisor must sign this form to validate the change.***
- ***Submit the completed form to the nursing office for formal processing.***

STUDENT INFORMATION

Name:_____ **SF State ID#:** _____

Email Address: _____ **Phone:**_____

NURSING PROGRAM

BSN: ❒ Main Campus level:_____ ❒ BSN (Sequoia Cohort) level:_____ ❒ APO

MSN: ❒ GMSN level/semester:_____ ❒ RN-MSN ❒ RN-MSN (Stanford Cohort) ❒ FNP Certificate

CHANGE REQUEST

I would like to
change my advisor from_____ to _____
Current Advisor Name New Advisor Name

Comments/Reason for change request: _____

_____

_____

_____

_____
Student Signature Date

_____
Current Advisor Signature Date

_____
New Advisor Signature Date