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  ☐ BSN (Sequoia Cohort)  ☐ RN-BSN
      level: _______  level: _______

MSN:  ☐ ELM/ELM-A  ☐ RN-MSN  ☐ RN-MSN (Cohort)  ☐ FNP Certificate
      level/semester: ______

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