

### ADVISOR CHANGE REQUEST

LEVEL:  UNDERGRADUATE  POST-BACCALAUREATE  MASTER'S/ED.S  GRAD LIC/CERT  DOCTORAL

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell/Work Phone: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current Program: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADVISOR CHANGE**

*(A signature is required from the new faculty advisor indicating his/her approval prior to submitting this form to the ESSC)*

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Currently Assigned Advisor) (New Advisor)

Reason for Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW FACULTY ADVISOR'S SIGNATURE: \_\_\_\_\_

OFFICE LOCATION: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

DEPT. PHONE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**ESSC Use Only:**

Approved:  Yes  No Reason: \_\_\_\_\_

File Location: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_