



Nursing Student Affairs
University of California, San Francisco
2 Koret Way, Room N319X
San Francisco, CA 94143-0602

PETITION TO CHANGE ADVISER

(not to be used for "Change of Specialty")

IF THE CHANGE OF ADVISER IS **WITHIN** A DEPARTMENT, please discuss with current and new advisers and obtain signatures of both. Return form to the Office of Student Affairs.

IF THE CHANGE OF ADVISER INVOLVES A **CHANGE OF DEPARTMENT**, please obtain signatures of current and new adviser **first**. You will also need to inform the chairs of both departments and obtain their signatures as well, before filing this form in Student Affairs.

Name:

Date:

Program: PhD MS MEPN
(check one)

Current Adviser:

New Adviser:

New Department (if applicable):

Authorizing Signatures: _____

Current Adviser

New Adviser

Is there a **change of department** involved? If so, please show that you have informed chairs of both departments by obtaining signatures below:

Current Department Chair

New Department Chair

FOR OSA USE ONLY

- All necessary signatures obtained
- Change involves both adviser and department
- Change entered into data base