

## CHANGE OF ADVISER

**DATE:** \_\_\_\_\_

**TO:** Chair  
Department of Counseling

**FROM:** \_\_\_\_\_  
**(Name of New Adviser)**                      **(Signature of New Adviser)**

The new adviser should obtain all of the advising material from the previous adviser.

I have consented to become the **new adviser** for: \_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(SFSU ID)

The student's **former adviser** was: \_\_\_\_\_  
(Name of Former Adviser)

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**NOTE:** Please return completed form to the department front desk for processing.