

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.