California State University, Sacramento
School of Education
Department of Counselor Education

PETITION TO CHANGE ADVISORS

Fill in the requested information, obtain the signatures of your current advisor and the requested new advisor, then submit the form to the Department office. Once approved, the form will be retained in your student advising file.

Name:	**Date:**
Address:	**Day Phone:**
City: **Zip:**	**SS#:**

I request that my advisor be changed

from _____

to _____

The reason(s) for this request is/are:

Student Signature _____

Date _____

Approved ____ _____ _____

Current Faculty Advisor Date

Approved ____ _____ _____

Requested Faculty Advisor Date

r-12/01