UCI University of California, Irvine

Nursing Change of Advisor Form

Instructions: Complete the form and obtain appropriate signatures, then email form to gnsao@uci.edu for approval.

Quarter/Academic Year	Year in Program	Date

Name	
Program	
Current Faculty Advisor	
New Faculty Advisor	
Reason for switching advisors:	

Student Signature Date

Current Faculty Advisor Signature Date

New Faculty Advisor Signature Date

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