

## **Nursing Change of Advisor Form**

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

Quarter/Academic Year	Year in Program	Date

Name	
Program	
<b>Current Faculty</b>	
Advisor	
New Faculty	
Advisor	
<b>Reason for switcl</b>	ning advisors:

Student Signature

Date

Current Faculty Advisor Signature Date

New Faculty Advisor Signature

Date



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