



DEPARTMENT OF COUNSELING, CLINICAL, AND SCHOOL PSYCHOLOGY
SANTA BARBARA, CA 93106-9490

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NOTICE OF CHANGE OF ADVISOR

STUDENT'S NAME

DATE

I request that my Faculty Advisor be changed

From: _____

To: _____

STUDENT'S SIGNATURE

NEW FACULTY ADVISOR'S SIGNATURE

**** Upon receipt of this signed petition or an email from your new advisor, the SAO Office will contact your old advisor to notify them that you have elected to work with another faculty member.****

To switch your advisor please:

- ❖ Notify your existing advisor of your decision to change
- ❖ Identify a "new" advisor who is amenable to the change and willing to take you on as an advisee
- ❖ Complete this *Change of Advisor Form* or e-mail Katie in the Student Affairs Office (katiet@education.ucsb.edu) to formalize the switch.

Please keep a copy of this form for your records and turn in the original to the Student Affairs Office in ED 4100 for further processing.