



California Institute of Integral Studies

ADVISOR CHANGE FORM

Use this form to change your advisor. PhD students should *not* use this form to change their dissertation committee members. It is the student's responsibility to submit this form *with all necessary signatures*. Submit as an attachment to an email sent from your CIIS student email account to registrar@ciis.edu.

For assistance, contact the Registrar's Office at registrar@ciis.edu or 415-575-6126.

Name and Address: *(please print legibly)*

_____ CIIS ID Number: _____
 _____ E-mail Address: _____
 _____ Phone: _____

I request to change my advisor from: _____ to: _____.

Signature: _____ Date: _____

Current Advisor: I approve the change.

Signature: _____ Date: _____

New Advisor: I approve the change.

Signature: _____ Date: _____

Dept./Program Chair: I approve the change.

Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

DATE FORM RECEIVED: _____ DATE ADVISOR CHANGED: _____ DATE STUDENT NOTIFIED: _____

REG: 4/17/20