

Department of History of Art and Visual Culture
Visual Studies Program
UC Santa Cruz

Change of Primary Advisor Form (please limit to one page)

Name of Student:

Year of Student in Program:

Date:

Name of Present Advisor:

Name of New Advisor:

Reason for Change of Advisor:

Department Approvals

Signature of DGS and Date: _____

Signature of Current Advisor and Date: _____

Signature of New Advisor and Date: _____