GRADUATE SCHOOL OF EDUCATION University of California, Berkeley

SCHOOL OF EDUCATION California State University

REQUEST TO:	🗖 CHANG	E RESIDENCY A	DVISER		J
Ţ		E CSU CAMPUS	FOR RE	SIDENCY	
Name	(See instructions on reverse.) SID:				
Address Street	Apt.	City		State	Zip
Home Phone					
Email					
Semester Effective: Fall	_		Today's I	Date	
Current CSU Campus:					
Current Residency Adviser:					
Proposed CSU Campus					
Proposed Adviser					
REQUIRED SIGNATURES:					
Current Residency Adviser [†] :			Date	Approve [Deny
Current JDP Coordinator:				Approve [Deny
Current CSU Dean:			Date Date	Approve [D eny
Proposed Residency Adviser:				Approve	Deny
Proposed JDP Coordinator:			Date	Approve [Deny
			Date	Approve [_
Proposed CSU Dean:			Date	Approve 4	■ Deny
GSE Dean:				_ Approve [Deny
			Date	Approve [7 Dame*
Head Graduate Adviser:			Date	_ Approve \	■ Deny*
Copy to CSU Campuses/Student	Date	Datab	ase change	ed Date	

^{*} Please specify reasons for denial on a separate page

INSTRUCTIONS FOR:

- RESIDENCY ADVISER CHANGE
- o CSU CAMPUS CHANGE FOR RESIDENCY

RESIDENCY ADVISER CHANGE

Obtain signatures of proposed faculty adviser *and* current and proposed area or program speaker. Signature of current faculty adviser is optional. File this form with the Graduate Assistant in 1605 Tolman Hall.

CSU CAMPUS CHANGE FOR RESIDENCY

Obtain signatures of current and proposed residency adviser (if a new faculty adviser is proposed) and CSU JDP coordinator. File this form with the Graduate Assistant in 1605 Tolman Hall. Include a new Outline of Program approved by the faculty adviser.

COMMENTS