



**VIRGINIA STATE UNIVERSITY  
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES  
DEPARTMENT OF MASS COMMUNICATIONS**

**Instructions:** Please use this form to formalize a change of faculty advisor. This process requires mutual agreement from both the current advisor and the new advisor.

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Fill out all information on this form and return to the Department of Mass Communications office.

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**Student Name:**  **Date:**

**Program:**

**Student Signature:**

**Current Advisor:**

**Signature:**  **Date:**

**Desired Advisor:**

**Signature:**  **Date:**

**Reason for change:**

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**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Interim Chair, Mass Communications**

**Office Use Only:** **Approved Signature:**  **Denied/Reason:**

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