

(6) CHANGE OF SPONSOR FORM

Agency Name: \_\_\_\_\_ Section #: \_\_\_\_\_

Previous UC Faculty Sponsor Name & Title: \_\_\_\_\_

New UC Faculty Sponsor Name & Title: \_\_\_\_\_

Department: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_

I feel this EDUC 97/197 section will be productive and valuable to the UC Berkeley students and benefit the participating agency. By signing this form I agree to be the faculty sponsor for this section with the understanding that this is an ongoing program and my sponsorship is indefinite. If I decide to discontinue my sponsorship, I will notify the contact person for this section and have him/her seek a new faculty sponsor.

UC Faculty Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

EDUC 97/197 Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_