

CHANGE OF MAJOR ADVISOR - PART II

Student Name: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_

This form must be signed by the new Major Advisor, the Area of Concentration Program Director and the Chair of the department in which the major advisor has his or her primary appointment (or a Center Director, if applicable).

The undersigned understand and agree to accept the financial responsibilities connected with having a Biomedical Science PhD student in their program, laboratory and department.

**Major Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
type or print name

\_\_\_\_\_  
signature

Area of Concentration Program Director: \_\_\_\_\_  
type of print name

\_\_\_\_\_  
signature

Department Chair/Center Director: \_\_\_\_\_ **Date:** \_\_\_\_\_  
type or print name

\_\_\_\_\_  
signature

Signed forms should be emailed to [phdbiomed@uchc.edu](mailto:phdbiomed@uchc.edu). Electronic signatures are allowed.

Rev. 08/10/2022