

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 responsibilities connected with having a Ph.D. 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 returned to the Registrar's Office in Room AM039 or via mail to MC-1826

Rev. 10/15/2014