

UNIVERSITY OF TEXAS AT SAN ANTONIO
DEPARTMENT OF COMPUTER SCIENCE

SELECTION/CHANGE OF DOCTORAL ADVISOR

Student Name: _____ **Student ID:** _____
New Advisor: _____ **Current Year of Study:** _____
Current Advisor: _____

Support for completed, current, and future years of study. Indicate Dept. TA, RA, (faculty name and source of funds, self or undetermined)

Year 1	Year 4
Year 2	Year 5
Year 3	Year 6

Reason for the change:

With the following signature, the new faculty advisor agrees to serve as the supervising professor for the student's Ph.D. program.

Student Name: _____
SIGNATURE Date

New Advisor: _____
SIGNATURE Date

Current Advisor: _____
SIGNATURE Date

Graduate Advisor of Record: _____
SIGNATURE Date

Department Chair: _____
SIGNATURE Date