

UNIVERSITY OF TEXAS AT SAN ANTONIO  
DEPARTMENT OF COMPUTER SCIENCE

**SELECTION/CHANGE OF DOCTORAL ADVISOR**

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**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)**

<b>Year 1</b>	<b>Year 4</b>
<b>Year 2</b>	<b>Year 5</b>
<b>Year 3</b>	<b>Year 6</b>

**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