



PETITION OF CHANGE OF ADVISOR

A student may change faculty advisors given that the proposed advisor is willing to supervise the student's work and the present advisor and the graduate program chair agree to the change. The following signatures verify the agreement by both faculty members and the graduate program chair to the change of advisor.

Upon completion, please submit to gradservices@ucmerced.edu for final approval and signature of the Graduate Dean. Please allow 5 - 7 business days for the review and processing of this form.

Student Name: _____ SID: _____
Last First

Email Address: _____ Current Graduate Program: _____

Current Degree: MA MS MSPH PhD Current Term: Fall Spring Year: _____

Reason for change

Current Advisor(s):

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Current Co-Advisor's Name	Signature	Date

Proposed New Advisor(s):

_____	_____	_____
Name	Signature	Date
_____	_____	_____
New Co-Advisor's Name	Signature	Date

Graduate Group Chair:
 Approved Not Approved

Signature Date

Signature of the Graduate Dean: _____ Date: _____