



## PETITION FOR CHANGE OF ADVISOR

This petition must be completed, signed and submitted to the Graduate Division for approval by the Dean in order for the change to be effective. It is your responsibility to provide any documentation that is requested. Incomplete forms will not be processed.

Student Name: \_\_\_\_\_  
Last                      First                      Middle                      Student ID Number

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Program: \_\_\_\_\_

Current Degree:  MA  MS  MSPH  MM  PhD      Current Term:  Fall  Spring      Year: \_\_\_\_\_

### CHANGE OF ADVISOR

I request to change my faculty advisor:

New Faculty Advisor: \_\_\_\_\_  
(Print Name)                      (New Advisor Signature)                      Date

Co-Advisor (if applicable): \_\_\_\_\_  
(Print Name)                      (Co-Advisor Signature)                      Date

### INTELLECTUAL PROPERTY & AUTHORSHIP

All involved parties must complete this section.

- I acknowledge that all data, research materials or potentially patentable intellectual property generated by intramurally or extramurally supported research is the property of the UC Regents.
- I acknowledge that Federal standards designate the PI as the steward of all data or research materials generated through sponsored project activities and thus the PI must maintain original copies of all research data or research materials generated by said research activities.
- I further acknowledge that all parties involved in research activities to date, must be allowed to have access to any resulting data.
- I acknowledge that all parties involved in said research activities may have inventorship rights.
- I acknowledge that all parties involved in said research activities may have authorship rights in any resulting publications.
- I acknowledge that by switching Advisors, I will lose access to facilities, instruments, and privileges arising from any research agreement associated with my Current Advisor.

**Acknowledged by:**

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Current Advisor Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**New Faculty Advisor Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### GRADUATE GROUP CHAIR

Please complete this section. Return this form to the student or forward it to the Graduate Division.

APPROVED       NOT APPROVED

Graduate Group Chair: \_\_\_\_\_  
(Print)                      (Signature)      Date

### GRADUATE DIVISION

APPROVED       NOT APPROVED

Dean of Graduate Division: \_\_\_\_\_  
(Signature)                      Date