

PETITION OF CHANGE OF ADVISOR

Please complete and obtain all signatures up until the Grad Division Section. **It is the student's responsibility to ensure all parties have been informed of the change and to provide any documentation that is requested.** Submit the form to Graduate Services (gradservices@ucmerced.edu) to obtain the Graduate Dean's approval. Once the form has been approved by the Graduate Dean, an email confirmation will be sent out.

Student Name: _____
Last Name First Name Student ID #

Email Address: _____ Graduate Program: _____ Current Level of Degree: ☐ Masters ☐ PhD

Current Term: ☐ Fall ☐ Spring Year: _____ Effective Term: ☐ Fall ☐ Spring Year: _____

Reason for Change (optional): _____

☐ The change of advisor request has been communicated with my current advisor(s), my new advisor(s), and the graduate group chair.

CHANGE OF ADVISOR:

New Faculty Advisor: _____
(Print Name) (New Advisor Signature) (Date)

New Co-Advisor (if applicable): _____
(Print Name) (New Co-Advisor Signature) (Date)

INTELLECTUAL PROPERTY & AUTHORSHIP:

All involved parties must complete the section below. It is the student's responsibility to confirm all parties have been informed of the change before the form is submitted to Graduate Services.

- 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 Advisor Signature: _____ Date: _____

GRADUATE GROUP CHAIR:

It is the student's responsibility to obtain the Graduate Group Chair approval before submitting the form to Graduate Services.

☐ APPROVED ☐ NOT APPROVED

Graduate Group Chair: _____
(Print Name) (Signature) (Date)

GRADUATE DIVISION:

Please submit the form to Graduate Services (gradservices@ucmerced.edu) to obtain the Graduate Dean's approval.

☐ APPROVED ☐ NOT APPROVED

Dean of Graduate Division: _____
(Print) (Signature) (Date)