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)

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 4</th>
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<tbody>
<tr>
<td>Year 2</td>
<td>Year 5</td>
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<tr>
<td>Year 3</td>
<td>Year 6</td>
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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  ____________

New Advisor: ____________________________  SIGNATURE  ____________

Current Advisor: _________________________  SIGNATURE  ____________

Graduate Advisor of Record: ________________________  SIGNATURE  ____________

Department Chair: _________________________  SIGNATURE  ____________