

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