



I. STUDENT INFORMATION

Name _____

BANNER# _____ Phone _____

Current Address _____

Student's Signature _____

II. STATUS/ACTION – Change of Advisor

This student has my permission to transfer from the Lab of

to the Lab of _____
 beginning _____ semester.

New Lab Room # _____ New Lab Phone # _____

_____ **The change in advisor does not result in a change of graduate program.**

If the change in advisor results in a change of graduate program complete III.

III. STATUS/ACTION – Change of Graduate Program (ATTACH – new coursework schema and program deadlines and expectations regarding program milestones (e.g. comprehensive exam, proposals, etc)

Current Graduate Program _____

New Graduate Program _____

IV. STATUS/ACTION – Change of Degree – (ATTACH – new coursework schema and program deadline and expectations regarding program milestones (e.g. comprehensive exam, proposals, etc)

Change this student from _____ degree to _____ degree

Department of _____ beginning

with the _____ semester - 20_____.

V. For Biomedical Science PhD students - it is understood by the undersigned individuals that funding for this student's Graduate Research Assistantship and individual Student Health Insurance Premiums will be the responsibility of the Major Advisor, Graduate Program, and Advisor's department. For other students receiving or eligible to receive an assistantship– please specify details of arrangement in attached memo.

VI. AUTHORIZED SIGNATURES:

 Current Program Director

 New Program Director

 Current Major Advisor

 New Major Advisor

 Current Department Chair

 New Department chair

 Date

 Date

 Dean, The Graduate School

 Date