

Change of Faculty Thesis Advisor Form

Graduate students are encouraged to discuss with the Graduate Advisor prior to changing advisors.

Name of Student: _____ SID: _____

Email: _____ Degree Objective: _____

Change effective in Quarter: _____ and Year: _____

Acknowledgment of Current/Previous Advisor

Previous Advisor/Co-advisor Comments (e.g. any expectations for the student):

Previous Advisor: _____
(Name) (Signature)

Previous Co-advisor: _____
(optional) (Name) (Signature)

New Advisor/Co-advisor Comments (e.g. any expectations for the student):

I am a member of the UCR Faculty affiliated with the Electrical and Computer Engineering Department and I agree to serve as the thesis advisor for this student.

Do you plan to support this student as a GSR next academic year? Yes No

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

Co-advisor: _____
(optional) (Name) (Signature) (Date)

Return completed form to ECE Department Office at 343 Winston Chung Hall

I certify I have discussed this change with my current advisor.

Student's Signature: _____

For ECE Department use only:

 Graduate Advisor Signature

 Date