



296 Eberhart Building  
321 McIver Street  
Greensboro, NC 27412  
336-334-5014 *phone*  
336-334-5066 *fax*

### Change of Graduate Advisor

Assigned graduate advisor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

New graduate advisor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Student:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Before signing, the assigned and new graduate mentor should provide the agreed plan for transitioning funding allocation below. If no plan is provided, the default is to change allocation at the next student milestone (thesis proposal or defense, preliminary examination, or dissertation proposal).

**This form must be signed by the Experimental Area Head if the student is transitioning within or to the Experimental program:**

Experimental Head: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be signed by the Director of Clinical Training if the student is transitioning within or from the Clinical program:**

Director of Clinical Training: \_\_\_\_\_ Date: \_\_\_\_\_

**The DGS must always sign this form:**

Director of Graduate Studies: \_\_\_\_\_ Date \_\_\_\_\_