

Application for Changing Thesis Advisor

Student Information:

Student Name: _____ Year Enrolled: _____

Email: _____ Contact Phone Number _____

New Tentative Thesis Title: _____

New Thesis Advisor:

I am willing to serve as the thesis advisor of _____ (Student Name).

Advisor's Name: (print) _____ Institute: _____

Advisor's Signature: _____ Date: _____

Please note: The thesis advisor shall be the corresponding author of the publication for graduation.

Initial Thesis Advisor:

I acknowledge the request by _____ (Student Name) to change thesis advisor.

Advisor's Name: _____

Advisor's Signature: _____ Date: _____

☐ *I agree that the current research and experimental data can be continued in the future lab and used for graduation.*

Applicant:

Please sign below and return the form to MCB office.

Student's Signature: _____ Date: _____

Please note: Upon approval, copies of this form will be sent to the student, the initial and the new advisors.