STUDENT LEAVING CURRENT ADVISOR LAB

Student Name: ___________________________ Program: ___________________________
G-Year: ________________ Current Advisor: ___________________________
Last Day In Lab: ___________ Reason for leaving lab: ___________________________

1. ☐ Program Administrator provides form to student  Signature: ___________________________ Date: ___________
2. ☐ Change in lab endorsed by Program Head  Signature: ___________________________ Date: ___________
3. ☐ Meet with Director of Graduate Studies (TMEC 435) (absolute requirement) Date: ___________
   ☐ DMS Finance Office Alerted (for DMS Use)

Note to Students and Rotation Advisor: Students can rotate only in labs with faculty who can fully support them as a dissertation student. Length of rotation should be a maximum of six weeks in duration. Dissertation advisor support should start immediately following the end of the rotation. In all cases students would need to identify a lab and resume dissertation work within three months. Students who fail to do so may be placed on administrative leave or asked to withdraw from the program.

FIRST PROPOSED ROTATION
I am prepared to support this student should the rotation be successful.

Rotation Advisor: Print Name ___________________________
Start Date: ___________ End Date: ___________
Signature of Rotation Advisor: ___________________________ Date: ___________

SECOND PROPOSED ROTATION, IF NECESSARY
I am prepared to support this student should the rotation be successful.

Rotation Advisor: Print Name ___________________________
Start Date: ___________ End Date: ___________
Signature of Rotation Advisor: ___________________________ Date: ___________

I understand the above for finding a new dissertation advisor and agree to follow the prescribed plan.

Student signature: ___________________________

☐ Meet with Director of Academic Administration in DMS (TMEC 435) to discuss change in Study Card
Comments: ____________________________________________________________

Signature: ___________________________

FOR DMS FINANCIAL OFFICE USE ONLY

☐ DMS Financial Office discussion with Current Advisor Date: ___________
Funding Changes as of: ___________________________ (Date)
Comments: ____________________________________________________________

☐ Approved by DMS Director of Graduate Studies  Signature: ___________________________

Revised by VCS 2/10