

UNIVERSITY of HOUSTON

DEPARTMENT OF COMPUTER SCIENCE

Research Advisor Assignment/Change Form

Student Name: _____

UH ID: _____

MS-Thesis () PhD ()

Name of Chosen Research Advisor: _____

Signature of Chosen Research Advisor _____ Date: _____
(Signature implies agreement to serve in the advisor role)

*Please complete the following section **if** you have a current advisor and are requesting to **change** to above chosen advisor:*

Name of Current Research Advisor: _____

Signature of Current Research Advisor _____ Date: _____
(Signature implies acknowledgement of notification of change of advisor)

Student Signature: _____ Date: _____

Director of Graduate Studies _____ Date: _____