



TEXAS TECH UNIVERSITY
College of Human Sciences

Personal Financial Planning™

Advisor Selection/Change Form

Every doctoral student must fill out this form, obtain appropriate signatures, and return the form to the Ph.D. Program Director (currently Dr. Kalenkoski). This form may also be used to document a change in advisor.

Student's Name: _____
(Please Print)

Advisor's Name: _____
(Please Print)

Co-Advisor's Name *(if applicable)*: _____
(Please Print)

Previous Advisor's Name *(if applicable)*: _____
(Please Print)

I agree to be the dissertation advisor for the above named student. The student understands that if any of the checked stipulations below are violated, this may result in voiding this agreement.

- I expect the student to remain on campus to complete his/her dissertation
- I expect the student to make sufficient progress
- I expect the student to abide by any additional stipulations as we have discussed (e.g., meeting schedules, etc. – *additional stipulations may be attached to this form, if so desired*)

Advisor's Signature Date

Co-Advisor's Signature *(if applicable)* Date

Student's Signature Date

Previous Advisor's Signature *(if applicable)* Date

Date Received – _____
Initial and Date