

# Advisor Selection/Change Form

## Division of Personal Financial Planning

### Texas Tech University

Every doctoral student must fill out this form, obtain appropriate signatures, and return the form to the Ph.D. Program Coordinator. 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

Please return signed form to Ph.D. Program Coordinator – \_\_\_\_\_  
Initial and Date