



UTHealthTM

The University of Texas
Health Science Center at Houston

**School of Biomedical
Informatics**

REQUEST TO CHANGE ADVISOR

STUDENT NAME: _____ DATE: _____

STUDENT ID # _____ PROGRAM: Master's PhD Certificate Dual DHI

PRINT CURRENT ADVISOR

PRINT NEW ADVISOR

CURRENT ADVISOR'S SIGNATURE

NEW ADVISOR'S SIGNATURE

DIRECTOR OF STUDENT AFFAIRS

DATE

Student sends original with signatures to:

Office of Academic Affairs

7000 Fannin St., Suite 650

Houston, TX 77030

Fax: 713-500-0360

Questions, please call 713-500-3591

A copy will be maintained in the student's files after all signatures have been received and copies will be sent to:

- Current Advisor
- Proposed Advisor
- Student

Update myUTH Student Advisor Screen