



DEPARTMENT OF  
ANTHROPOLOGY

**CHANGE OF ADVISOR TRANSITION PLAN**

Name of Graduate Student: \_\_\_\_\_ UID: \_\_\_\_\_

Name of Former Advisor: \_\_\_\_\_

Name of New Advisor: \_\_\_\_\_

Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please address the implications of the change of advisor for each of the following areas.  
If there are no implications to address, write N/A:

1. Program requirements (e.g., coursework, exams, advancement to candidacy)

2. Student funding

3. Intellectual property concerns (e.g., ownership of data, fieldwork participation and obligations, authorship on completed or ongoing research)

4. Other (*please specify*)

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Student Signature

Date

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Former Advisor Signature

Date

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New Advisor Signature

Date

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Director of Graduate Studies Signature Date