

Appendix B

Clinical Psychology Research and Program Advisor Change Form

Student Name (print or type): _____

Previous Research Advisor (print or type): _____

Previous Program Advisor (print or type): _____

Fill out **ONLY ONE** section below, obtain signatures, then submit to the Director of Clinical Training.

If changing to a new Research Advisor who is NOT on the Clinical Program Faculty:

New Research Advisor (print or type): _____

New Program Advisor (print or type): _____

Signature of Student: _____ Date: _____

Signature of New Research Advisor: _____ Date: _____

Signature of New Program Advisor: _____ Date: _____

If changing to a new Research Advisor who is ON the Clinical Program Faculty:

New Research Advisor (print or type): _____

Signature of Student: _____ Date: _____

Signature of New Research Advisor: _____ Date: _____

If changing Program Advisor Only (current Research Advisor is not on the Clinical Program Faculty):

New Program Advisor (print or type): _____

Signature of Student: _____ Date: _____

Signature of New Program Advisor: _____ Date: _____

Signature of Director of Clinical Training: _____ Date: _____

copy routing: original form to student file; copy to faculty person listed as Previous Research Advisor;
copy to faculty person listed as Previous Program Advisor