

**GS 1/1**

**Request for Change of Advisor and/or Co-advisor**

1. **Student’s Name** (Mr./Mrs./Miss)..................................................……**Student ID** …….................................

2. **Degree and Plan** ❒ Doctoral Degree 🔿Plan 1.1 🔿Plan 1.2 🔿Plan 2.1 🔿Plan 2.2

❒ Master’s Degree 🔿Plan A 1 🔿 Plan A 2

**Program** .......................................………………………………  **College of Computing**

3. **Dissertation Topic (if any)** ………………………………………………………….…………...............................

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4. **Dissertation Code** ……………………………………

5. **Advisor/Co-advisor to be appointed (identified with academic position, expertness and responsibility):**

**Previously Appointed**

1. …………………………………..........**Name and Title of Advisor** **Responsibility**.................... **%**

**Field of Specialization** ………………………………………..... **Sign** …………………………

2. ……………………………**Name and Title of Co-Advisor (If required)** **Responsibility**................... **%**

**Field of Specialization** ………………………………………..... **Sign** …………………………

**To be Appointed**

1. …………………………………..........**Name and Title of Advisor** **Responsibility**.................... **%**

**Field of Specialization** ………………………………………..... **Sign** …………………………

2. ……………………………**Name and Title of Co-Advisor (If required)** **Responsibility**................... **%**

**Field of Specialization** ………………………………………..... **Sign** …………………………

**Reason of Change**.............................................................................................................................................................

Sign............................................................ Sign............................................................................. (................................................................) (.......................................................................................)

**Chairman of the Program Committee** **Associate Dean for Academic Affairs**

Date.........../................./............ Date......…../........................../...........

6. **The decision of board committee**

🞏 Approved

🞏 Not approved due to…………………………………………………………………………………

Sign........................................................................……

(.......................................................................)

**Dean of the College of Computing**

Date..........…../........................../....................