

Boston University

Bioinformatics Graduate Program  
48 Cummington Street  
Boston, Massachusetts 02215



## Election/Change of Research Advisor Form

Name: \_\_\_\_\_

BU ID: U \_\_\_\_\_

### Election

Advisor: \_\_\_\_\_

Title: \_\_\_\_\_ Institution (if not BU): \_\_\_\_\_

Signature: \_\_\_\_\_

2<sup>nd</sup> Advisor (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_ Institution (if not BU): \_\_\_\_\_

Signature: \_\_\_\_\_

### Change

Current Advisor: \_\_\_\_\_

New Advisor: \_\_\_\_\_

Title: \_\_\_\_\_ Institution (if not BU): \_\_\_\_\_

Signature: \_\_\_\_\_

Current Advisor: \_\_\_\_\_

New Advisor: \_\_\_\_\_

Title: \_\_\_\_\_ Institution (if not BU): \_\_\_\_\_

Signature: \_\_\_\_\_

Date processed: \_\_\_\_\_