

**Clinical Psychology Doctoral Program
Change of Mentor Form**

Student Name: _____ E number: _____

Previous Mentor: _____

New Mentor: _____

Date when switch will occur: _____

List any remaining fellowship responsibilities that need to be completed before or after the switch:

List any lingering projects to be completed including authorship plans:

Any other comments or issues to be addressed:

Signature of Student

Date

Signature of Previous Mentor

Date

Signature of New Mentor

Date

Signature of DCT

Date

Original to Student File