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**Request for Change of Supervisor/Additional Supervisor**

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| Student Name:  | Student No:   |
| Faculty/School/Institute enrolled in:  |
| Title of Thesis/Dissertation:  |
| Current 1st SupervisorName:   | Current 2nd SupervisorName:  | Current 3rd Supervisor (if any)Name:  |
| Proposed 1st Supervisor (Name)  | Signature | Date:  |
| Proposed 2nd Supervisor (Name)  | Signature | Date:  |
| Proposed 3rd Supervisor (Name)  | Signature | Date:  |
| Changes to be effective from | Date:   |
| Reason(s) for proposed change:  |
| Approved at Office of Graduate Studies Board Meeting of (Date): |
| Signed (Director of Graduate Studies) | Name:  Date:  |
| Forwarded to Student  | Date:  |

**PROPOSED SUPERVISOR(S) CURRICULUM VITAE**

This section should only be completed if the proposed supervisor(s) are not already on the Office of Graduate Studies database. A separate section should be completed for each new supervisor.

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| **Name:** |
| **Present Position and Institution:** |
| **Qualifications** |
| **Membership in Professional Organisations:** |
| **Teaching Experience:** |
| **Professional Experience:** |
| **Research Experience:** |
| **Experience in Supervising Research Candidates:** |
| **Recent Publications and Other Professional Works:** |