



Graduate Research Office Application for Change of Supervision Arrangements

Last Name:	Student Number:	
Given Name:	Title (Mr/Mrs/Ms etc):	
Email address:	Telephone no:	
School:	Scholarship:	
Current Supervisor(s):		
Proposed New/Additional Supervisor(s):		
Reasons for Change (if confidential you can discuss these in confidence with the Manager, Grants & Graduate Office):		
Student's Signature:		Date:

To be completed by Current Principal Supervisor

Have you been consulted regarding this change:	Yes		No	
Comments (optional)				
Supervisor 's Signature:		Date:		
Print Name:				

To be completed by Supervisor Panel

Please advise the percentage of supervision undertaken for each supervisor on the panel		
Name of Supervisor	%	Signature
Principal:		
Co Supervisor:		
Co Supervisor:		

Approval by School Dean of New Supervisor(s)

Signature:		Date:
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Approval Postgraduate Research Director

Signature:		Date:
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Manager, Grants & Graduate Office

Signature:		Date:
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