Application for change in Supervisory Arrangements

All sections of this form must be completed

Student Name: ...........................................................................................................
Student No: ................................................................................................................
Degree: .......................................................................................................................
Stage: ................................................... Start Date: ..........................................
Sponsor (if applicable) ..............................................................................................

Summary of reasons for request to change supervisory arrangements and any implications on project funding or resource issues:

Revised Supervisory Team – Identified in consultation with the Director of Postgraduate Studies/Postgraduate Research Student Co-ordinators in the School

i. Academic Supervisor: .............................................................................................
School/Institute: ........................................................................................................
Proportion of Supervision as a percentage: ..............................................................

ii. Second Supervisor: ..............................................................................................
School/Institute: ........................................................................................................
Proportion of Supervision as a percentage: ..............................................................

iii. Additional Supervisor: ..........................................................................................
School/Institute: ........................................................................................................
Proportion of Supervision as a percentage: ..............................................................

iv. Details of any other person who will be acting in an advisory capacity
School/Institute/ Industry: ..........................................................................................
Proportion of Supervision as a percentage: ..............................................................
Agreement to change of supervisory team

I am aware of and agree to this change in Supervisory arrangements

Student Signature: ................................................................. Date: ...............  
Academic Supervisor Signature: ............................................... Date: ...............  
Head of School (or nominee) Signature 1: .................................. Date: ...............  
Head of School (or nominee) Signature 2*: .................................. Date: ...............  

* If student is changing Schools as a result of the change in supervisory arrangements, a signature will be required from both the releasing School and the accepting School. Normally the Head of School (or designated nominee).

YOU SHOULD NOW RETURN THIS FORM TO THE RESEARCH STUDENT SUPPORT TEAM, LEVEL 2, KING’S GATE, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU

Dean of Postgraduate Studies’ comments:

☐ APPROVED  ☐ NOT APPROVED  (please tick as appropriate)

Signed ________________________________________________
Dean of Postgraduate Studies

Name: ___________________ Date: ______________

For Graduate School Office Use Only:

System Input ☐

Signed ____________________