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. Details of any other person who will be acting in an advisory capacity
    Supervisor Name: .................................................................................................
    Internal or External*: .............................................................................................
    School/Institute or Location of External: .................................................................
    Proportion of Supervision as a percentage: .............................................................

    If an External Supervisor is to be appointed, please provide rationale below and provide an up-to-date CV:

iv. Details of any other person who will be acting in an advisory capacity
Supervisor Name: ........................................................................................................
School/Institute or Location of External* : ................................................................
Proportion of Supervision as a percentage: ..............................................................

If an External Supervisor is to be appointed, please provide rationale below and provide an
up-to-date CV.

*If an External Supervisor is being added to the supervisory team, please consult the Principles for
External Supervision Arrangements available at:
http://www.ncl.ac.uk/quilt/assets/documents/qsh-externalsupervisionarrangements.pdf

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 ___________________