**CHANGE OF SUPERVISOR REQUEST FORM**

Please ensure all proposed new supervisors align with the minimum standards for appointments to a Higher Degree by Research supervision role.

**GUIDELINES**

1. Use this form to request for a change of supervisor.
2. The student will submit the completed form to the Research Office (RO) for Higher Degrees by Research Committee (HDRC) approval.

|  |  |
| --- | --- |
| **STUDENT DETAILS** | |
| **Student ID Number:** | Click here to enter text. |
| **Student Name:**  (Surname/First Name) | Click here to enter text. |
| **Thesis Title:** | Click here to enter text. |
| **Programme Level:** | Masters by Research  PhD |
| **College:** | Click here to enter text. |
| **Are you receiving a Scholarship?** | Yes  No If Yes, Type: Click here to enter text. |
| **Are you an International Student?** | Yes  No |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |

|  |  |
| --- | --- |
| **CURRENT SUPERVISOR(S) DETAILS** | |
| **If a senior supervisor or second supervisor or both are to be replaced, please provide current supervisor details below:** | |
| **Principal Supervisor Name:**  (Surname/First Name) | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **End Date of Role:**  (DD/MM/YY) | Click here to enter text. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
|  | |

|  |  |
| --- | --- |
| **CURRENT SUPERVISOR(S) DETAILS** | |
| **If a senior supervisor or second supervisor or both are to be replaced, please provide current supervisor details below:** | |
| **Co Supervisor 1 Name:**  (Surname/First Name) | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **End Date of Role:**  (DD/MM/YY) | Click here to enter text. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **CURRENT SUPERVISOR(S) DETAILS** | |
| **If a senior supervisor or second supervisor or both are to be replaced, please provide current supervisor details below:** | |
| **Co Supervisor 2 Name:**  (Surname/First Name) | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **End Date of Role:**  (DD/MM/YY) | Click here to enter text. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |

|  |  |
| --- | --- |
| **NEW SUPERVISOR(S) DETAILS** | |
| **If a senior supervisor or second supervisor or both are to be replaced, please provide new supervisor details below:** | |
| **Principal Supervisor**  **Name:**  (Surname/First Name) | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **End Date of Role:**  (DD/MM/YY) | Click here to enter text. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
|  |  |

|  |  |
| --- | --- |
| **NEW SUPERVISOR(S) DETAILS** | |
| **If a senior supervisor or second supervisor or both are to be replaced, please provide new supervisor details below:** | |
| **Co Supervisor 1**  **Name:**  (Surname/First Name) | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **End Date of Role:**  (DD/MM/YY) | Click here to enter text. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
|  |  |
| **NEW SUPERVISOR(S) DETAILS** | |
| **If a senior supervisor or second supervisor or both are to be replaced, please provide new supervisor details below:** | |
| **Co Supervisor 2**  **Name:**  (Surname/First Name) | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **End Date of Role:**  (DD/MM/YY) | Click here to enter text. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
|  |  |

|  |  |
| --- | --- |
| **REASONS FOR CHANGE OF SUPERVISOR REQUEST (STUDENT COMMENTS)**  (PLEASE ATTACH EVIDENCE) | |
| **Please add rationale for change of supervisor/s**  Click here to enter text. | |
| **CERTIFICATION BY THE STUDENT** | |
| By signing this form, I agree that the information provided above is true and correct. | |
| **Student Name**  (Surname/First Name) | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

|  |  |
| --- | --- |
| **COLLEGE ASSOCIATE DEAN RESEARCH RECOMMENDATION** | |
| Click here to enter text. | |
| **CERTIFICATION BY THE COLLEGE ASSOCIATE DEAN RESEARCH** | |
| **Name**  **(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

|  |
| --- |
| **HDRC APPROVAL** |
| **Recommendation:**  Click here to enter text. |
| **Name:** Click here to enter text.  **Chair HDRC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date. |

Completed form(s) are to be submitted to:

HDR Coordinator [varsha.dutt@fnu.ac.fj](mailto:varsha.dutt@fnu.ac.fj)

Or

HDR officer [saleshni.k2@fnu.ac.fj](mailto:saleshni.k2@fnu.ac.fj)