

CENTRE FOR GRADUATE STUDIES



**GRADUATE STUDIES SUPERVISOR APPROVAL FORM**

**Please ensure all supervisors align with the minimum standards for appointments to a Graduate Studies supervision role and supervisors’ approval of the applicants for Master by Research and PhD.**

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| **GUIDELINES** | |
| 1. Use this form to request for a supervisor approval. 2. The applicant will submit the completed form to the College and ADGSR will submit endorsed forms from respective supervisors to Centre for Graduate Studies (CGS). | |
| **APPLICANT DETAILS** | |
| **Applicant Name:**  (Surname/First Name) | Click here to enter text. |
| **Thesis Title:** | Click here to enter text. |
| **Programme Level:** | Master by Research  PhD |
| **College:** | Click here to enter text. |
| **Are you an International Student?** | Yes  No |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter a date. |

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| **SUPERVISOR(S) DETAILS** | | |
| **The Supervisors’ approval of the applicant’s for Masters/PhD Experience.**  **Please provide supervisor details below:** | | |
| **Details** | **Principal Supervisor** | **Co-Supervisor** |
| **Supervisor(s) Name:**  (Surname/First Name) | Click here to enter text. | Click here to enter text. |
| **Dept./College:** | Click here to enter text. | Click here to enter text. |
| **Position:** | Click here to enter text. | Click here to enter text. |
| **End Date of Role:**  (DD/MM/YY) | Click here to enter a date. | Click here to enter a date. |
| **Email:** | Click here to enter text. | Click here to enter text. |
| **Phone:** | Click here to enter text. | Click here to enter text. |
| **Signature** | Click here to enter text. | Click here to enter text. |
| **Date** | Click here to enter a date. | Click here to enter a date. |

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| **COLLEGE ASSOCIATE DEAN GRADUATE STUDIES AND RESEARCH RECOMMENDATION** | |
| Click here to enter text. | |
| **APPROVAL OF THE COLLEGE ASSOCIATE DEAN GRADUATE STUDIES AND RESEARCH** | |
| **Name**  **(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter a date. |
| **COLLEGE DEAN RECOMMENDATION** | |
| Click here to enter text. | |
| **APPROVAL OF THE COLLEGE DEAN** | |
| **Name**  **(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter a date. |

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| **APPROVAL OF THE DEAN CENTRE FOR GRADUATE STUDIES** | |
| **Recommendation:** Click here to enter text. | |
| **Name** | Click here to enter text. |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter a date. |
| **Completed form(s) are to be submitted to: Postgraduate Coordinator - Centre for Graduate Studies -** [**gc-cgs@fnu.ac.fj**](mailto:gc-cgs@fnu.ac.fj) | |



P.O.BOX 7222, Nasinu, Fiji | Phone: (679) 339 4000 | [**www.fnu.ac.fj**](http://www.fnu.ac.fj/)

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