**CHANGE OF SUPERVISOR REQUEST FORM**

Please ensure all proposed new supervisors align with the minimum standards for appointments to a Graduate Studies supervision role.

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| **GUIDELINES** |
| 1. **Use this form to request for a change of supervisor.**
2. **The student will submit the completed form to their respective College Deans and ADGSR approval and final endorsement from the Dean – CGS.**
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| **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. |

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| **CURRENT SUPERVISOR(S) DETAILS** |
| **If a principal supervisor or co 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 a date. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
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| **CURRENT SUPERVISOR(S) DETAILS** |
| **If a principal supervisor or co 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 a date. |
| **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 principal supervisor or co 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 a date. |
| **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 principal supervisor or co 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 a date. |
| **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 principal supervisor or co 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 a date. |
| **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 principal supervisor or co 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 a date. |
| **Dept./College:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |

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| **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 a date. |
| **COLLEGE ASSOCIATE DEAN GRADUATE STUDIES RECOMMENDATION** |
| Click here to enter text. |
| **CERTIFICATION BY 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. |
| **CERTIFICATION BY 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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|  **DEAN CGS APPROVAL** |
| **Recommendation:** Click here to enter text. |
| **Name**  | Click here to enter text. |
| **DEAN (UGSC Chair) Signature** | Click here to enter text. |
| **Date**  | Click here to enter a date. |
| **Completed form(s) are to be submitted to: Postgraduate Coordinator** **gc-cgs@fnu.ac.fj** |

