**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.** | |
| **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**](mailto:gc-cgs@fnu.ac.fj) | |

