

CHANGE OF NOMINATED SUPERVISOR FORM

Student/Applicant Information	
Name of Student or Applicant	<input style="width: 80%;" type="text"/>
Course	<input style="width: 80%;" type="text"/>
School	<input style="width: 80%;" type="text"/>
Proposed thesis topic/title	<input style="width: 80%;" type="text"/>

Proposed Change to <u>Principal Supervisor</u>	
<u>Current Supervisor's Name</u>	Title <input style="width: 15%;" type="text"/> First Name <input style="width: 25%;" type="text"/> Surname <input style="width: 35%;" type="text"/>
	Internal <input type="checkbox"/> School: <input style="width: 20%;" type="text"/> External <input type="checkbox"/>
<u>Proposed Supervisor's Name</u>	Title <input style="width: 15%;" type="text"/> First Name <input style="width: 25%;" type="text"/> Surname <input style="width: 35%;" type="text"/>
Affiliation / UNDA School	<input style="width: 80%;" type="text"/>
Contact Address (if External)	<input style="width: 80%;" type="text"/>
	Phone: <input style="width: 25%;" type="text"/> Email: <input style="width: 45%;" type="text"/>
Academic Qualifications	<input style="width: 80%;" type="text"/>
Academic Strengths / Interests	<input style="width: 80%;" type="text"/>
Other supervision experience or personal research record	<input style="width: 80%;" type="text"/>
Supervisory responsibilities in respect of this student	<input style="width: 60%;" type="text"/> Principal Supervisor's Supervision Share %
Timing for commencement of this change to supervisory arrangement	Semester <input style="width: 5%;" type="text"/> Year <input style="width: 5%;" type="text"/>

Proposed Change to <u>Co-Supervisor</u> or <u>Associate Supervisor</u>	
	<input type="checkbox"/> Associate Supervisor <input type="checkbox"/> Co-Supervisor
<u>Current Co-Supervisor</u>	Title <input style="width: 15%;" type="text"/> First Name <input style="width: 25%;" type="text"/> Surname <input style="width: 35%;" type="text"/>
<u>Proposed Supervisor's Name</u>	Title <input style="width: 15%;" type="text"/> First Name <input style="width: 25%;" type="text"/> Surname <input style="width: 35%;" type="text"/>
Affiliation / UNDA School	<input style="width: 80%;" type="text"/>
Contact Address (if External)	<input style="width: 80%;" type="text"/>
	Phone: <input style="width: 25%;" type="text"/> Email: <input style="width: 45%;" type="text"/>
Academic Qualifications	<input style="width: 80%;" type="text"/>
Academic Strengths/Interests	<input style="width: 80%;" type="text"/>
Other supervision experience or personal research record	<input style="width: 80%;" type="text"/>
Supervisory responsibilities in respect of this student	<input style="width: 60%;" type="text"/> Co-Supervisor's Supervision Share %
Timing for commencement of this change to supervisory arrangement	Semester <input style="width: 5%;" type="text"/> Year <input style="width: 5%;" type="text"/>

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Proposed Change to <u>Co-Supervisor</u> or <u>Associate Supervisor</u>		<input type="checkbox"/> Associate Supervisor	<input type="checkbox"/> Co-Supervisor
Current Co-Supervisor Title		First Name	
		Surname	
Proposed Supervisor's Name			
Title		First Name	
		Surname	
Affiliation / UNDA School			
Contact Address (if External)			
	Phone:	Email:	
Academic Qualifications			
Academic Strengths/Interests			
Other supervision experience or personal research record			
Supervisory responsibilities in respect of this student			Co-Supervisor's Supervision Share %
Timing for commencement of this change to supervisory arrangement		Semester	
		Year	

Proposed Change to <u>Co-Supervisor</u> or <u>Associate Supervisor</u>		<input type="checkbox"/> Associate Supervisor	<input type="checkbox"/> Co-Supervisor
Current Co-Supervisor Title		First Name	
		Surname	
Proposed Supervisor's Name			
Title		First Name	
		Surname	
Affiliation / UNDA School			
Contact Address (if External)			
	Phone:	Email:	
Academic Qualifications			
Academic Strengths/Interests			
Other supervision experience or personal research record			
Supervisory responsibilities in respect of this student			Co-Supervisor's Supervision Share %
Timing for commencement of this change to supervisory arrangement		Semester	
		Year	

Required Signatures			
Dean of School		Date	
Director of RO		Date	

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