



REQUEST CHANGE OF SUPERVISION / ATTENDANCE FORM

SECTION A: (To be completed by the Candidate)

Please note that students must attain supervisor signature before submitting form.

Full Name of Candidate: _____ Student ID / Ref. No: _____

Address: _____

Email: _____ Phone No(s): _____

Degree (please circle): **PhD** / **MPHIL**

SECTION B (Please complete relevant request below)

SUPERVISION

- CHANGE SUPERVISOR
- CHANGE ASSOC. SUPERVISOR
- REQUEST FOR ASSOC. SUPERVISOR

Suggest new supervisor name, if known

Name: _____

Please state your reasons for the request on a separate page.

ATTENDANCE STATUS

Current attendance: _____ **TIME**

- CHANGE TO PART TIME
- CHANGE TO FULL TIME

Important notes:

All applications must be submitted with supporting documents and reasons. Examples of reasons are personal hardship, medical ill health, or student exchange.

Declaration and Signatures

I understand that this application requires supporting documentation and have attached the following documents:

Candidate signature: _____

Date: _____

I am aware of the candidate's reasons for this change and support this application request.

Comments:

Current Supervisor Name & Signature: _____

Date: _____

New Supervisor/Associate Supervisor(s) Name & Signature: _____

Date: _____

SECTION C: APPROVAL (Official use only)

APPROVED / NOT APPROVED (please circle)

Comment: _____

Director Research Studies

Signature / Date