

Change of Supervisor Form

For Higher Degree by Research students

UTS: Graduate Research School grs@uts.edu.au

tel: 02 9514 1336

Level 7, Building 1 Broadway Campus

1. Personal information

Surname	<input type="text"/>	First name	<input type="text"/>
Faculty	<input type="text"/>	Course name	<input type="text"/>
Student ID	<input type="text"/>		

2. Change of supervisor/s

Change supervisor/s to:

	Staff ID	Please enter role	Add/remove
Supervisor name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor name	<input type="text"/>	<input type="text"/>	<input type="text"/>

FEIT/FASS/Science STUDENTS ONLY

Is your **NEW** principal supervisor from a different school to your current school?

No Yes – If yes, please name the new school (if known):

Please provide more information if necessary.

3. Reason/s for requesting change/s of candidature (sections 2)

Please provide details about the requested change/s to your candidature. Attach a separate sheet if necessary.

6. Student Declaration

I understand and declare that my request for change is in accordance with the student and related rules, [Section 11 Graduate Research Study](#)

Student

Name	Signature	Date

4. Faculty Approvals

Please communicate any change of supervisor/s to all members of the supervisory panel. Refer to the [Conflict management](#) section of the Graduate Research Supervision Policy.

*I support the student's request for the above listed changes to candidature. I have expressed any additional comments or concerns in an attached letter. **In case of change of principal supervisor, I confirm I have agreed to take on principal supervisor's role and that all members of the supervisory panel were made aware of the requested change/s, including the previous principal supervisor.***

Principal Supervisor

Name	Signature	Date

*I endorse the student's request to make changes to candidature. I have expressed any additional comments or concerns in an attached letter. **In case of change of supervisor, I confirm that all members of the supervisory panel were made aware of the requested change/s.***

Responsible Academic Officer

Name	Signature	Date

Once you have completed the form, please submit to your faculty research office for approval. You will be notified by the Graduate Research School [by email](#) of the outcome of your application.