

FACULTY POSTGRADUATE RESEARCH COMMITTEE

APPLICATION FOR CHANGE IN SUPERVISION

This form must be completed to obtain a change of supervisor. Approval for this request must be obtained from the respective supervisors' Head of School/Centre/Institute.

1. PERSONAL DETAILS

Title Family name Given name(s).....

Student No.....Degree Title.....

Thesis
Title.....

School/Centre.....

2. CURRENT SUPERVISOR(S)

Please include Titles

Principal Supervisor.....Signature

Associate Supervisor.....Signature

3. CHANGE IN SUPERVISION

I request a/an:

- New Principal Supervisor (complete section A)
Principal Supervisors must be registered with Victoria University
- New Associate Supervisor (complete section B)
- Additional Associate Supervisor (complete section B)
- Acting Principal Supervisor (complete section C)
If a Principal Supervisor is absent for more than 3 months, an Acting Principal Supervisor should be appointed.
- Withdrawal of Associate Supervisor (complete section D)

Reason for change of Principal Supervisor/Associate Supervisor?

.....

SECTION A – REQUEST FOR CHANGE IN PRINCIPAL SUPERVISOR

Name of new Principal supervisor

Are you a registered supervisor of Victoria University? YES NO

School/Centre/Institute.....

Number of research candidates being supervised:

Signature of new Principal Supervisor

SECTION B – REQUEST FOR CHANGE IN ASSOCIATE SUPERVISOR / ADDITIONAL ASSOCIATE SUPERVISOR

If you are requesting more than one change to this section, please attach additional information.

Name of new Associate Supervisor

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(If external, please attach the registration of appointment form and complete the following:

Address:.....

Phone Number::..... Email

Are you a registered supervisor of Victoria University? YES NO

School/Centre/Institute.....

Number of research candidates currently being supervised:.....

Signature of new Associate Supervisor.....

SECTION C – REQUEST FOR APPOINTMENT OF AN ACTING PRINCIPAL SUPERVISOR

I request the appointment of an Acting Principal Supervisor for my research program for the following dates:

..... to

(Note: At the conclusion of this period, principal supervision will revert to the original supervisor. An email will be sent to the Acting Supervisor, Principal Supervisor, Student and Head of School/Centre/Institute at the time the acting period expires to advise of the change).

Name of new Acting Principal Supervisor

Are you a registered supervisor of Victoria University? YES NO

School/Centre/Institute.....

Number of research candidates being supervised:

Signature of proposed Acting Principal Supervisor

SECTION D – WITHDRAWAL OF ASSOCIATE SUPERVISOR

I request the withdrawal of the following Associate Supervisor:

Name of Associate Supervisor.....

Signature of Associate Supervisor.....

4. SIGNATURES

Student

Please list the names of your proposed supervisors:

Principal Supervisor* Workload Split.....

Associate Supervisor(s) Workload Split.....

..... Workload Split.....

* Please note that the Principal supervisor should have a minimum of 50% supervisory load.

I request approval for a change of supervision as outlined above.

...../...../.....
Name Signature Date

Head of School/Centre/Institute

(Where the Principal Supervisor is also the Head of School/Centre/Institute then the Executive Dean or Associate Dean (R&RT) or their nominee is required to sign).

Please comment on how appropriate the supervisor(s) are for this research proposal, given their experience in supervising research students (include specific details), their background in research and their current workload

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I agree to the workload split outlined above YES NO

If NO, please indicate an alternative workload split.....

I agree to the proposed change(s) in supervision.

...../...../.....
Name Signature Date

OFFICE USE ONLY

Attach Supervisor Load Report from HDR

Faculty Student Advice Officer

The above request was approved by the Faculty of.....

Committee on

...../...../.....
Name Signature Date