



# APPLICATION FOR CHANGE IN THESIS FORMAT

This form must be completed to obtain approval for a change in thesis format

## 1. PERSONAL DETAILS

Title ..... Family name .....

Given name(s)..... Student No. ....Degree .....

College/Centre..... Campus .....

Date of Enrolment.....Anticipated Date of Thesis  
Submission.....

## 2. CURRENT THESIS FORMAT

Traditional

By Publication

Creative Project

## 3. NEW FORMAT

Traditional

By Publication

Creative Project

## 4. WHAT IS THE REASON FOR THE PROPOSED CHANGE TO THE THESIS FORMAT?

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## 5. RECOMMENDATIONS/APPROVAL

### Student:

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

### Principal Supervisor:

...../...../.....  
Name and Title Signature Date

Approved by .....on .....

...../...../.....  
College Director (R&RT) Signature of College Director Date  
(Where the Principal Supervisor is also the College Director, then the Executive Dean or their nominee is required to sign).

This request has been approved by the Dean, Graduate Research.

...../...../.....  
Dean, Graduate Research Dean's Signature Date