

# GS5a: RESEARCH STUDENT REQUEST FOR CHANGE OF SUPERVISION 2023-2026

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| **All personal information gathered will be processed in accordance with TUS privacy statements****Where a change of supervisor or supervisory team is required, the team may be changed using this form.** **Section A is to be completed by the Research Student in conjunction with principal supervisor/proposed supervisor****Section B is to be completed by the chairperson of the Faculty Research Committee and Dean of Graduate Studies.** |

**SECTION A:** **To be completed by the Research Student**

**Research Student and Programme Details:**

|  |  |
| --- | --- |
| Research Student Name |  |
| Research Student Number |  |
| Programme Code & Title |  |
| Title of Research Project |  |
| Department |  |
| Faculty/Research Centre |  |
| Principal Supervisor (current) |  |
| Programme Start Date (date/month/year) |  |

|  |  |
| --- | --- |
| Title of research  |  |
| Expected completion date (date/month/year) |  |
| Please provide details of the change (who is being replaced on the panel, if it is your Principal Supervisor/co-supervisor) |  |
| Brief reasons for change |  |

**Original Supervisory Team:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Supervisor**  | **Job Title**  | **Institution** | **Research Institute/Centre/Group** |
|  |  |  |  |
| **Co-Supervisor** | **Job Title** | **Institution** | **Research Institute/Centre/Group** |
|  |  |  |  |
| **Co-Supervisor** | **Job Title** | **Institution** | **Research Institute/Centre/Group** |
|  |  |  |  |
| **Mentor supervisor (if applicable)** | **Job Title** | **Institution** | **Research Institute/Centre/Group** |
|  |  |  |  |

**New Supervision Team: New supervisor completes where appropriate below. Please provide details on new supervisor(s) only.**

|  |  |
| --- | --- |
| **Principal Supervisor**  |  |
| Job Title |  |
| Institution |  |
| Department and Faculty |  |
| Phone Number |  |
| Email |  |
| **List of Research Students currently being supervised:** |
| Name | Award | Institution | Expected Date of Completion |
|  |  |  |  |
|  |  |  |  |
| **List of Research Students previously supervised:** |
| Name | Award | Institution | Date of Completion |
|  |  |  |  |
|  |  |  |  |

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| --- | --- |
| **Co- Supervisor**  |  |
| Job Title |  |
| Institution |  |
| Phone Number |  |
| Email |  |
| **List of Research Students currently being supervised:** |
| Name | Award | Institution | Expected Date of Completion |
|  |  |  |  |
|  |  |  |  |
| **List of Research Students previously supervised:** |
| Name | Award | Institution | Date of Completion |
|  |  |  |  |
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| --- | --- |
| **Co- Supervisor**  |  |
| Job Title |  |
| Institution |  |
| Phone Number |  |
| Email |  |
| **List of Research Students currently being supervised:** |
| Name | Award | Institution | Expected Date of Completion |
|  |  |  |  |
|  |  |  |  |
| **List of Research Students previously supervised:** |
| Name | Award | Institution | Date of Completion |
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| --- | --- |
| **Mentor Supervisor (if applicable)** |  |
| Job Title |  |
| Institution |  |
| Phone Number |  |
| Email |  |
| **List of Research Students currently being supervised:** |
| Name | Award | Institution | Expected Date of Completion |
|  |  |  |  |
|  |  |  |  |
| **List of Research Students previously supervised:** |
| Name | Award | Institution | Date of Completion |
|  |  |  |  |
|  |  |  |  |

Please confirm that a full current CV for the new supervisor(s) is attached:

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

Signature of Research Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of New Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: To be completed by the Chairperson of the Faculty Research Committee**

**Is this application approved by the Faculty Research Committee?**

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| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

If you answered no, please indicate main reasons for decision:

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| --- |
|  |

Signature of Chairperson of Faculty Research Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Chairperson of Faculty Research Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Graduate Studies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_