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Description automatically generated

# GS5b: SUPERVISOR 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 supervisor requesting the change**  **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 Supervisor Requesting the Change and the New Supervisor**

|  |  |
| --- | --- |
| Name of supervisor requesting change |  |

**Research Student and Programme Details:**

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

|  |  |
| --- | --- |
| Expected completion date (date/month/year) |  |
| Please provide details of the change |  |
| 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 only where appropriate below**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  |  | |  |  |
|  |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Supervisor Requesting change\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?**

|  |  |
| --- | --- |
| **Yes** | **No** |

Please indicate main reasons for decision:

|  |
| --- |
|  |

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

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

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

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

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