



CHANGE OF RESEARCH TOPIC APPLICATION FORM

Use this form to make a change to your research topic (including wording).

Approval is required from your Principal Supervisor, the Head of School/Nominee and the Assistant Dean Research Training.

Note that a change of your research topic may warrant a transfer of program. If this is the case please complete and submit the [Transfer of Program form](#) instead of this form. In some cases, a change in research topic may warrant a supervisory change. If so, please complete and submit the [Supervisory Changes form](#) at the same time as submitting this form (or the Transfer of Program form).

Note for Iranian Citizens: Per [Student Visa Condition \(8203\)](#), you must not change your program of study, or your thesis or research topic, unless approval is given by the Department after it has obtained an assessment from the competent Australian authorities. Evidence of your approval must be submitted with this request.

CANDIDATE DETAILS

Family Name:

Given Name:

Student Number:

VARIATION TO CANDIDATURE

Previous research topic:

New research topic:

Reason for the change of topic:

List consequences of changing topic*:

* Example: change in supervision, revised research plan and targets, resources

SIGNATURE:

Date:

Please sign this form using your Adobe Digital Signature. Click on the box above and follow the prompts. Email the completed form to your Principal Supervisor. Once signed off, they will return to you, for you to forward to UON Graduate Research: graduate-research@newcastle.edu.au. **You must copy in all of your supervisors when you submit the form to UON GR.**

APPROVALS

Supervisor Name:

Do you support this change request? Yes:

No:

Provide justification for this decision:

Signature:

Date:

Please return the completed form to the candidate, who will forward to UON Graduate Research: graduate-research@newcastle.edu.au. UON GR will coordinate approvals by the HoS and ADRT.

**Head of School
Nominee Name:**

Do you support this change request? Yes:

No:

Provide justification for this decision:

Signature:

Date:

**Assistant Dean
Research Training Name:**

Do you support this change request? Yes:

No:

Provide justification for this decision:

Signature:

Date: