

This variation will require the following action items, to be completed electronically:

1. Form is to be completed and signed by the candidate
2. Form is to be completed and signed by Supervisor, Head of School and Assistant Dean Research Training
3. Form is to be submitted to the Office of Graduate Studies at research-candidature@newcastle.edu.au

All required documentation must be received by the Office of Graduate Studies no later than the applicable census date (31 March for Semester 1 or 31 August for Semester 2) in order to take effect for that semester.

Please retain a copy for your records and check your @uon.edu.au account regularly.

Candidate Details

Student Number: _____

Title: _____ Family Name: _____ Other Names: _____

Are you an international candidate? Yes No Are you receiving a Scholarship? Yes No

Transfers of program may affect scholarship provisions. Please check with the Office of Graduate Studies or your scholarship provider before continuing

Are your current contact details (mailing address/ phone numbers) accurately recorded in **MyHub**? Yes

REFER TO THE [GUIDELINES FOR CONFIRMATION YEAR](#)

Candidates who transfer into a new program must be confirmed at that program level (M Phil or PhD). It is recommended that transfers of program are undertaken as part of the confirmation year process.

1. New Program Name in full:

2. New Research Topic (if applicable):

Note: If required, please also complete a variation form for supervision changes

SIGNATURES AND APPROVALS

This form cannot be processed by the Office of Graduate Studies without all required approvals

CANDIDATE:

Have you provided all the necessary documentation to support this variation request? Yes No

Comments:

Candidate's Signature: _____ Date: _____

SUPERVISOR:

Do you support this variation request? Yes No

**Supervisor
Supporting
Statement:**

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

HEAD OF SCHOOL/NOMINEE:

Do you support this variation request? Yes No

Comments:

Head of School/Nominee Name: _____

Signature: _____ Date: _____

ASSISTANT DEAN RESEARCH TRAINING:

Do you support this variation request? Yes No

Comments:

Assistant Dean Name: _____

Signature: _____ Date: _____

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