

CHANGE TO SUPERVISORY ARRANGEMENTS APPLICATION FORM



Use this form to apply to change your supervisory arrangements (including changes in supervision load for existing team members).

You must discuss the proposed changes with all current and nominated supervisors before submitting your application. Approval is required by the new supervisor, the Head of School/Nominee and the Assistant Dean Research Training. If more than one new supervisor is nominated, the supervisor with the highest load should approve the change.

Before making any changes please ensure they align with the supervisory requirements stated in the [Code of Practice for Higher Degree by Research Candidature Policy](#).

CANDIDATE DETAILS

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Student Number:	<input type="text"/>	Program:	<input type="text"/>
School:	<input type="text"/>	Faculty:	<input type="text"/>
Are you receiving a scholarship?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, type: <input type="text"/>
Are you a Joint or Dual Award candidate?	<input type="checkbox"/> No	<input type="checkbox"/> JADD	<input type="checkbox"/> DADD

SUPERVISORY ARRANGEMENTS

What are the **existing** supervisory arrangements?

	Name	Supervision Load (%)	School
Principal Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>

What are the **proposed new** supervisory arrangements?

	Name	Supervision Load (%)	School
Principal Supervisor			
Co-Supervisor			
Co-Supervisor			
Co-Supervisor			
Co-Supervisor			

If any proposed new supervisors are external to UON, the **School** must provide their full details below.

Full Name:

Date of Birth:

Mailing Address:

Email Address:

Phone Number:

Current Conjoint Appointment? No Yes

Please sign this form using an Adobe Digital Signature. Click on the box below and follow the prompts:

CANDIDATE SIGNATURE: **Date:**

What is the effective date for this supervisory change?

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

Proposed New Supervisor Name:

Do you support this change request? Yes: No:

Is the program able to be completed within the remaining EFTSL? Yes: No:

Comments:

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:

I confirm that both the current and all proposed new supervisors from my School have been informed of these proposed changes to the candidate's supervisory arrangements.

Signature: **Date:**

Assistant Dean Research Training Name:

Do you support this change request? Yes: No:

Provide justification for this decision:

Signature: **Date:**

CROSS-SCHOOL AND CROSS-FACULTY APPROVALS – IF APPLICABLE

Proposed Additional New Supervisor Name:

Do you support this change request?

Yes:

No:

Comments:

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.

Additional HOS/ Nominee Name:

Do you support this change request?

Yes:

No:

Provide justification for this decision:

I confirm that both the current and all proposed new supervisors from my School have been informed of these proposed changes to the candidate's supervisory arrangements.

Signature:

Date:

Additional ADRT Name:

Do you support this change request?

Yes:

No:

Provide justification for this decision:

Signature:

Date: