

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 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

Candidate Details

Student Number: _____

Title: _____ Family Name: _____ Other Names: _____

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

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

1. What are the **existing** supervisory arrangements?

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

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

Supervision Load must be a **minimum of 10%**.

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

3. If any proposed new supervisors are external to the University of Newcastle, the **school** must provide their full details below. A new supervisor cannot be added to a student's record without these details.

Name	
Date of Birth	
Mailing Address	
Email Address	
Phone Number	

Current Conjoint Appointment? Yes No

4. What is the effective date of this supervisory change? _____

5. Are all of the former supervisor(s) aware of the changes to supervision? Yes No

6. Are all of the new supervisor(s) aware of the changes to supervision? Yes No

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: _____

PROPOSED NEW SUPERVISOR:

Do you support this variation request? Yes No

Comments:

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: _____