

## **Application for change in Supervisory Arrangements**

## All sections of this form must be completed

Stude	ent Name:					
Stude	ent No:					
Degre	ee:					
Stage	e: Start Date:					
Spon	sor (if applicable)					
Summary of reasons for request to change supervisory arrangements and any implications on project funding or resource issues:						
	sed Supervisory Team – Identified in consultation with the Director of Postgraduate es/Postgraduate Research Student Co-ordinators in the School					
i.	Academic Supervisor:					
	School/Institute:					
	Proportion of Supervision as a percentage:					
ii.	Second Supervisor:					
	School/Institute:					
	Proportion of Supervision as a percentage:					
iii.	Additional Supervisor:					
	School/Institute:					
	Proportion of Supervision as a percentage:					
iv.	Details of any other person who will be acting in an advisory capacity  School/Institute/ Industry:  Proportion of Supervision as a percentage:					

## Agreement to change of supervisory team

l	I am aware of	and	agree to	o this	change	ın Su	upervisory	arrangemer	nts

Student Signature: ...... Date: ......

Academic Supervisor Signature:								
Head of School (or nominee) Signature 1:								
Head of School (or nominee) Signature 2*:								
* If student is changing Schools as a result of the change in supervisory arrangements, a signature will be required from both the releasing School and the accepting School. Normally the Head of School (or designated nominee).								
● YOU SHOULD NOW RETURN THIS FORM TO THE RESEARCH STUDENT SUPPORT TEAM, LEVEL 2, KING'S GATE, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU●								
Dean of Postgraduate Studies' comments:								
☐ APPROVED ☐ NOT APPROVED	For Graduate School Office Use Only:							
(please tick as appropriate)	System Input							
Signed Dean of Postgraduate Studies	Signed							
Name: Date:								