



Change Supervisor and/or Associate Supervisor APPLICATION

SECTION A: (to be completed by the candidate)

Student Status: Local International

Degree: PhD or MSc Current Attendance Status: Full-time or Part-time

Name: _____ SID: _____

Address: _____

Phone: (Work) _____ (Home) _____ Email: _____

School: _____

SECTION B: (to be completed by the candidate)

Current Information

Supervisor: _____ School: _____

Associate Supervisor(s): _____ School: _____

New Information

Please complete this section including details that will remain unchanged. These details will be placed on the student database.

Supervisor: _____ School: _____

Associate Supervisor: _____ School: _____

Associate Supervisor2**: _____ School: _____

**a second associate supervisor may be appointed but is not required

Signature: _____ Date: _____

SECTION C: (to be completed by current Supervisor)

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ Date: _____

SECTION D: (to be completed by new Supervisor) This section only needs to be completed if the supervisor changes

Agreement of supervisor: Intending supervisors should refer to the resolutions of the Academic Board relating to higher degrees.

The area or project title of the candidate's research will be: _____

I currently supervise this many research students. _____

I declare that I do or do not have an interest in a company contracted by the University to perform research which involves research students. I have notified the Head of Department and the applicant of any interests I have in such companies.

I confirm that I have made satisfactory arrangements with the Head of Department regarding space and resources required for this candidature.

Signature: _____ **Date:** _____

SECTION E: (to be completed by Head of Department/School/Centre or delegate)

The request is Supported Not Supported (tick as appropriate)

Field of Education code: _____

(For a full listing of Field of Education codes, detailed descriptions/examples and guideline regarding how to assign these codes, please visit the website at <http://www.planning.usyd.edu.au/statistics/dest.htm>)

Comments: _____

Signature: _____ **Date:** _____

RETURN THIS FORM IN PERSON, VIA MAIL, OR FAX TO:

Postgraduate Section
Faculty of Science
Carlaw Building F07
University of Sydney NSW 2006

Faculty Of Science Counter Hours:

Mon to Thurs: 10am-4pm

Friday: 10am- 1pm

Telephone +61 2 9351 3021 **Fax** +61 2 9351 4846

email info@science.usyd.edu.au

SECTION F: (to be completed by Associate Dean/Dean)

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ **Date:** _____