



Change / Addition to Graduate Research Supervisory Team

To enable this electronic form, you must first SAVE it then REOPEN as a PDF file (it will not function properly when used in a browser window). Please complete this form to advise of any changes to your Supervisory Team.

1. Candidate Details

First Name Last Name Student ID
School: Faculty <select>

2. Current Supervisory Team

Please list your current Graduate Research Supervisory team and detail the appropriate action.
Please note the Principal Supervisor must be listed as research active:

Principal Supervisor Research Active: Yes No Action:
First Name Last Name Staff ID

Co-Supervisor #1 Action:
First Name Last Name Staff ID

Co-Supervisor #2 Action:
First Name Last Name Staff ID

Co-Supervisor #3 Action:
First Name Last Name Staff ID

3. Additions to Supervisory Team

Please list any new supervisors you are seeking to be added :

(1) Title First Name Last Name
Capacity <select> CSU Academic/Adjunct ID# Research Active: Yes No
Email Role <select>

(2) Title First Name Last Name
Capacity <select> CSU Academic/Adjunct ID# Research Active: Yes No
Email Role <select>

4. Reasons for change

Please outline why these change/s have been requested: (you can select more than one)

- Supervisor has left the university
- Research focus significantly changed
- Additional expertise required
- Issues with supervisory relationship
- Supervisor workload issue
- Other

Please provide further detail on the reason/s for the change/s in supervision.

Comments:

Will the change in supervision result in a change of school the candidate will be undertaking their research in? Yes No

If Yes, what is the new school that the candidate will be primarily affiliated with?

5. Approvals and Authorisations

PLEASE NOTE: This electronic form requires the below authorisations in the order they appear. After each authorisation please email to the next signatory by clicking the 'submit by email to next signatory' button and entering in the next recipient's email address. If you do not have an electronic signature, you may create one in the signature field below. If you do not wish to create one, please print this form, sign, scan and email to the next signatory. For any queries about this form please contact the [Office of Research Services and Graduate Studies](#).

Candidate:

Name Signature Date:

Current / New Principal Supervisor

I endorse this change in Supervisory Team

Name Signature Date:

Head of School/Institute

I endorse this change in Supervisory Team and confirm that the supervisors have the required skills and sufficient time within their academic workload to supervise this candidate

Name Signature Date:

Sub-Dean Graduate Studies

I endorse this change in Supervisory Team

I confirm the Principal Supervisor has been reviewed and is currently registered as research active: Yes No

I recommend that Co-Supervisor 1 is: <select>:

I recommend that Co-Supervisor 2 is: <select>:

I recommend that Co-Supervisor 3 is: <select>:

Name Signature Date:

Director, Research

I endorse this change in Supervisory Team

Name Signature Date: