

Change of Supervisor Form



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

This form should be completed and returned to the Psychology office in the event of any change to Master's thesis or dissertation supervision.

NAME: _____ **ID. NO:** _____

QUALIFICATION: _____

CONTACT DETAILS: (i.e. postal address, phone no. and email address):

Tel: _____ Email: _____

CURRENT SUBMISSION DATE: _____

EXISTING SUPERVISORS: _____

NEW SUPERVISORS NAME AND SIGNATURE:

(Please indicate the approximate date of the supervision changeover)

REASON FOR CHANGE:
