Application for a Change in Supervisory Panel

Te Mata Kairangi School of Graduate Research
The University of Waikato
Private Bag 3105
Hamilton 3240, New Zealand

Phone +64 7 838 5096
Email SGR@waikato.ac.nz
www.waikato.ac.nz/students/research-degrees/

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

I AM APPLYING FOR:

○ A Change in Supervisory Panel

CANDIDATE'S DETAILS

Student ID: ○ MPhil ○ PhD ○ EdD ○ DHSc ○ SJD ○ DMA

Please indicate: ○ by Thesis Only ○ with Publication ○ with Creative Practice ○ in Te Reo

Family Name: First Name/s:

Postal Address:

Phone: Cell phone:

Email:

School (s): Division/Faculty:

Chief Supervisor:

Current status ○ Full time ○ Part time

Thesis Title:

REASON FOR APPLICATION

NOTE: This application requires consideration by the Executive of the Postgraduate Research Committee.
Please allow approximately 4 weeks for notification of the outcome.

CANDIDATE'S SIGNATURE

Candidate's signature Date

CHANGE OF SUPERVISORY PANEL

My current panel consists of:

Chief Supervisor	Name	_____	Signature	_____
Second Supervisor	Name	_____	Signature	_____
Third Supervisor	Name	_____	Signature	_____
Fourth Supervisor	Name	_____	Signature	_____

My new panel will consist of:

	Name		Signature	
Chief Supervisor		_____		_____

Will there be any conflicts of interest if you join this supervision panel? ○ Yes ○ No

Please indicate how many panels you are a member of as a: Chief Supervisor Co-supervisor

Second Supervisor	Name	_____	Signature	_____

Will there be any conflicts of interest if you join this supervision panel? ○ Yes ○ No

Please indicate how many panels you are a member of as a: Chief Supervisor Co-supervisor

Third Supervisor	Name	_____	Signature	_____

Will there be any conflicts of interest if you join this supervision panel? ○ Yes ○ No

Please indicate how many panels you are a member of as a: Chief Supervisor Co-supervisor

Fourth Supervisor	Name	_____	Signature	_____

Will there be any conflicts of interest if you join this supervision panel? ○ Yes ○ No

Please indicate how many panels you are a member of as a: _____ Chief Supervisor _____ Co-supervisor

Please note: if this is a 'PhD with a Creative Practice Component', please ensure that a creative practice Supervisor remains or is replaced on the supervisory panel.

TO BE COMPLETED BY THE CHIEF SUPERVISOR

Has there been a change in the direction of the candidate's research?

○ Yes ○ No ○ Major ○ Minor

○ **I approve this application for change** ○ **I do not approve this application for change**

Comments

Name _____ Signature _____ Date _____

TO BE COMPLETED BY THE /HEAD OF SCHOOL 1 _____

○ **I approve this application for change** ○ **I do not approve this application for change**

Comments

EFTS Apportionment School 1 **% of EFTS** **HOD Signature**

EFTS Apportionment School2 **% of EFTS** **HOD Signature**

Name _____ Signature _____ Date _____

TO BE COMPLETED BY THE HEAD OF SCHOOL 2_____(IF APPLICABLE)

○ **I approve this application for change** ○ **I do not approve this application for change**

Comments

Name _____ Signature _____ Date _____

TO BE COMPLETED BY THE DIVISION/FACULTY POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE

○ **I approve this application for change** ○ **I do not approve this application for change**

Comments

Name

Signature Date

TO BE COMPLETED BY THE EXECUTIVE OF THE POSTGRADUATE RESEARCH COMMITTEE REPRESENTATIVE

○ **I approve this application for change** ○ **I do not approve this application for change**

Comments

Name

Signature Date