

Change of Supervisor Form

Student Name: _____ **Registration No.** _____

Degree: _____ **Program:** _____

Beginning of PhD Study: Fall Spring **Session:** 20__

Completed Dissertation Cr.Hr. _____ **Remaining Dissertation Cr.Hr.** _____

Email: _____ **Mobile:** _____

Type of Change <small>(Tick only one)</small>	Supervisor <input type="checkbox"/>	Co-supervisor <input type="checkbox"/>
Reason for change		

Current Supervisor Name	Affiliation	PhD Graduation Year	Specialization	Signature & Date	NOC Attached
					Yes / No
Proposed New Supervisor Name	Affiliation	PhD Graduation Year	Specialization	Signature & Date	NOC/ Consent Letter / CV Attached
					Yes / No

Student Signature: _____ **Date:** _____

Recommended by:	Name	Signature	Date
Program Manager PhD (MS / CS)			
Head of Department (MS / CS)			

For Official Use only:

Received by: _____ Date: _____

Proceed for approval in DC _____ Held on _____ Agenda Item: _____

Decision: Approved Not Approved Deferred