

CHANGE TO SUPERVISORY ARRANGEMENTS APPLICATION FORM



Use this form to apply to change your supervisory arrangements (including changes in supervision load for existing team members).

Before making any changes please ensure they align with the supervisory requirements stated in the [Code of Practice for Higher Degree by Research Candidature Policy](#).

Once this form is submitted, it will be considered by the Head of School (and Dean of Graduate Research if necessary), who may consult with the relevant school, and make necessary changes to the form, including to the proposed new supervisory arrangements.

CANDIDATE DETAILS

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Student Number:	<input type="text"/>	Program:	<input type="text"/>
School:	<input type="text"/>	College:	<input type="text"/>
Are you receiving a scholarship?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, type: <input type="text"/>
Are you a Joint or Dual Award candidate?	<input type="checkbox"/> No	<input type="checkbox"/> JADD	<input type="checkbox"/> DADD

SUPERVISORY ARRANGEMENTS

What are the **existing** supervisory arrangements?

	Name	Supervision Load (%)	School
Principal Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>

What are the **proposed new** supervisory arrangements?

	Name	Supervision Load (%)	School
Principal Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any proposed new supervisors are external to the University of Newcastle, the **School** must provide their full details below.

Full Name:

Date of Birth:

Mailing Address:

Email Address:

Phone Number:

What is the effective date for this supervisory change?

Please email the completed form to Graduate Research: graduate-research@newcastle.edu.au.

Head of School/Nominee Declaration and Approval

Head of School/
Nominee Name:

Do you support this change request? Yes:

No:

Provide justification for
this decision:

I confirm that the nominated supervisory team complies with the requirements as outlined in the [Code of Practice for Higher Degree by Research Candidature](#) or I am requesting a relaxation/s with the justification/s provided below:

1. Relaxation request for a supervisor to have a supervisory responsibility of less than 20%

Justification #1:

2. Relaxation request for a current HDR candidate to be a principal supervisor

Justification #2:

3. Relaxation request for supervisory team composition, acknowledging no supervisor has an appointment for the duration of the program

Justification #3:

I confirm that both the current and proposed supervisors have been informed of these changes to the candidate's supervisory arrangements.

Head of School/Nominee
Signature:

Date: