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| **REQUEST FOR PERMISSION TO CHANGE SUPERVISOR*** The Council expects scholars to complete their research under the primary academic supervisor as outlined in their application. However, the Council recognises that exceptional circumstances may call for a change of supervisor. In these cases, the scholar and proposed new academic supervisor must complete this form to state the case for the change.
* The Council will only consider requests made in advance of the change of supervisor.
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| **Section 1 – For completion by the scholar** |

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| Name: |  |
| Project ID: |  |
| Higher education institution: |   |
| Email address: |  |
| Current academic supervisor: |  |
| Proposed new academic supervisor: |  |
| Please give an outline of your reasons for requesting a change of supervisor including how the expertise of the proposed new academic supervisor matches your research requirements:  |
| Signature: | Date:  |

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| **Section 2 – For completion by THE proposed new Academic Supervisor** |

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| How many research master’s and/or doctoral students have successfully completed their degrees under your supervision? |

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| How many researchers do you currently supervise or mentor? |
| Senior research fellows | 🞏 |
| Postdoctoral researchers | 🞏 |
| Postgraduate students  | 🞏 |
| Other  | 🞏 |

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| Please list your top research outputs over the last five years, e.g. publications to date, research awards achieved, creation of data sets and databases, conference papers, patents, excavations, public broadcasts, stage performances, creative writing, creative productions, exhibitions etc., and describe the impact of this work on your field of research: |

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| Please give a brief outline of (a) plans for monitoring the progress of the scholar’s research and (b) what training and career development opportunities will be provided under your supervision: |

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| I hereby confirm that I am willing to supervise and host the scholar named above for the remainder of their postgraduate degree: |
| Name: | Position: |
| Signature: | Date: |

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| **Section 3 – For completion by THE Head of Department, Research Office, Dean of Graduate Studies or their authorised nominee** |

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| I hereby confirm that *[insert higher education institution name]* supports the request as outlined above and that the contract of the proposed new academic supervisor is of sufficient duration to support the scholar in completing their postgraduate degree: |
| Name: | Position: |
| Signature: | Date: |
| Please authorise with institutional seal or stamp: |