GSGSG/10



APPLICATION FOR CHANGE OF THESIS SUPERVISOR

SECTION A: TO BE COMPLETED BY THE CANDIDATE		
Name:	Matric No.:	
Programme:	Number of Semester:	
Tel. No.:	E-Mail:	
Mode of Study:*	Address:	
() Part-time () Full-time		
Research Title:		
Progress of Research		
Colloquium: () Yes () No		
Proposal Defense: () Yes () No		
Current Supervisor	Proposed Supervisor	
Main Supervisor:	Main Supervisor:	
Co-Supervisor:	Co-Supervisor:	
Reason for change (use additional paper if necessary):		
Signature:	Date:	

SECTION B: TO BE COMPLETED BY THE RELEASING SUPERVISOR *		
1. Main Supervisor:		
Recommendation*		
() Agree	() Disagree	
Comment:		
Name:		
Staff No.:	E-mail:	
Tel. No.: Office:	Mobile:	
Date:		
Signature & Stamp:		
2. Co-Supervisor:		
() Agree	() Disagree	
Comment:		
Name:		
Staff No.:	E-mail:	
Tel. No.: Office	Mobile:	
Date:		
Signature & Stamp:		

SECTION C: TO BE COMPLETED BY THE PROPOSED SUPERVISOR* 1. Main Supervisor: () Agree) Disagree (Name: **Staff No.:** E-mail: Tel. No.: Office Mobile: Date: Signature & Stamp: 2. Co-Supervisor: () Disagree) Agree Name: Staff No.: E-mail: Tel. No.: Office: **Mobile:** Date: Signature & Stamp:

SECTION D: RECOMMENDATION BY THE PROGRAMME CHAIR*		
() Recommended	Date:
() Not Recommended	Signature & Stamp:
SECTION E: RECOMMENDATION BY THE DEAN OF THE SCHOOL*		
() Recommended	Date:
() Not Recommended	Signature & Stamp:
SECTION F: APPROVAL BY THE DEAN OF GSGSG*		
() Approved	Date:
() Disapproved	Signature & Stamp: