# APPLICATION FOR CHANGE OF THESIS SUPERVISOR

## SECTION A: TO BE COMPLETED BY THE CANDIDATE

<table>
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<tr>
<th>Name:</th>
<th>Matric No.:</th>
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<tr>
<td>Programme:</td>
<td>Number of Semester:</td>
</tr>
<tr>
<td>Tel. No.:</td>
<td>E-Mail:</td>
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**Mode of Study:**

<table>
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<th>( ) Part-time</th>
<th>( ) Full-time</th>
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### Address:

**Research Title:**

**Progress of Research**

**Date of Colloquium:**

**Date of Proposal Defense:**

<table>
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<tr>
<th>Current Supervisor</th>
<th>Proposed Supervisor</th>
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<tr>
<td>Main Supervisor:</td>
<td>Main Supervisor:</td>
</tr>
<tr>
<td>Co-Supervisor:</td>
<td>Co-Supervisor:</td>
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**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

   Comments: ………………………………………………………………………………………….
   ……………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………

   Name:  
   Staff No.:  
   E-mail:  
   Tel. No.: Office  Mobile:  
   Date:  
   Signature & Stamp:  

2. **Co-Supervisor:**

   (   ) Agree   (   ) Disagree

   Comments: ………………………………………………………………………………………….
   ……………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………

   Name:  
   Staff No.:  
   E-mail:  
   Tel. No.: Office  Mobile:  
   Date:  
   Signature & Stamp:  

* please insert details
### SECTION D: RECOMMENDATION BY THE DEAN OF THE SCHOOL*

<table>
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<th>Recommended</th>
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<th>Date:</th>
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### SECTION D: APPROVAL BY THE DEAN OF GSGSG*

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Or

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<th>To be decided by the Appeal Committee</th>
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### SECTION D: FOR OFFICE (GSGSG) USE ONLY

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**Decision by the Appeal Committee (if applicable):**

Date of the Meeting:

Comment:

Signature & Stamp:

* Tick √ wherever appropriate