



# APPLICATION FOR CHANGING SUPERVISOR/MENTOR

SEMESTER: \_\_\_\_\_ SESSION: \_\_\_\_\_

## INSTRUCTIONS

### To Applicant

Please complete section A and follow the instructions:

**(i) To Be Completed By Releasing Current Supervisor/Mentor**

Submit this form to current supervisor/mentor for releasing purpose

**(ii) To Be Completed By New Supervisor/Mentor for the Accepting Purpose**

Submit this form to new supervisor for the accepting purpose

**(iii) To Be Completed By Dean of School for Approval**

Submit this form to Dean of School for approval

**(iv) To Be Completed By Director of Postgraduate Studies Unit, College of Business for Approval**

Submit this form to Director of Postgraduate Studies Unit, College of Business for Approval

## SECTION A

*(To be completed by applicant)*

1. Name:	2. Matric No.:
3. Mailing Address:	4. Telephone : Home : Office : Mobile :
5. Centre :	6. E-mail :
7. Programme:	8. Mode of Study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
9. Current Structure of Study: <input type="checkbox"/> Coursework <input type="checkbox"/> Coursework and Thesis/Dissertation	<input type="checkbox"/> Research
10. Title of Thesis/Project Paper	

11. Reasons for Change of Supervisor/Mentor: (Please use additional paper if necessary)	
12. Applicant's Signature :	Date :

**SECTION B**  
**(To be completed by the releasing Main Supervisor/Mentor)**

Comment:

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Agree

Not Agree

Signature and Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_

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**(To be completed by the releasing Co-Supervisor/Mentor)**

Comment:

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Agree

Not Agree

Signature and Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_

**SECTION C**

**(To be completed by the accepting Supervisor/Mentor)**

Comment:

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Agree

Not Agree

Signature and Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Name : \_\_\_\_\_

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**SECTION D**

**(To be completed by Dean of School for Approval)**

Comment:

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Approved

Not Approved

Signature and Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Name : \_\_\_\_\_

**SECTION E**

**(To be completed by Director of Postgraduate Studies Unit, College of Business)**

Comment:

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Approved

Not Approved

Signature and Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Name : \_\_\_\_\_

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**FOR OFFICE USE**

Signature and Stamp: \_\_\_\_\_

Date: \_\_\_\_\_