



APPLICATION FOR CHANGING SUPERVISOR

Trimester: First Trimester/Second Trimester/Third Trimester Session: 20____ / 20____

INSTRUCTIONS:

SECTION A

To be completed by the applicant

SECTION B

To be completed by releasing current supervisor(s)

SECTION C

To be completed by new supervisor for the accepting purpose

SECTION D

To be completed by Dean of School for approval

SECTION E

To be completed by the Director of Postgraduate Studies Unit, UUMCOB for approval

SECTION A: TO BE COMPLETED BY APPLICANT

Name:	Matric No:
Telephone No. - Home: Office: Mobile No.:	Mailing Address:
Centre:	Email:
Programme:	Mode of Study: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Current Structure Study:

Coursework
 Coursework and Thesis/Dissertation
 Research

Title of Thesis/Research Paper/Project Paper:

.....

.....

.....

Reasons for Change of Supervisor:
(Please use additional paper if necessary)

.....
.....
.....

Applicant's Signature:

Date:

SECTION B: TO BE COMPLETED BY THE RELEASING MAIN SUPERVISOR (IF APPLICABLE)

Comment:

() Agree () Disagree

Comment:
.....
.....
.....

Signature and Stamp:

Name:

Date:

TO BE COMPLETED BY THE RELEASING CO-SUPERVISOR (IF APPLICABLE)

Comment:

() Agree () Disagree

Comment:
.....
.....
.....

Signature and Stamp:

Name:

Date:

SECTION C: TO BE COMPLETED BY THE ACCEPTING SUPERVISOR

Comment:

() Agree () Disagree

Comment:
.....
.....
.....
.....

Signature and Stamp:

Name:

Date:

SECTION D: TO BE COMPLETED BY DEAN OF SCHOOL FOR APPROVAL

Comment:

() Approved () Not Approved

Comment:
.....
.....
.....
.....

Signature and Stamp:

Name:

Date:

SECTION E: TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE STUDIES UNIT, UUMCOB FOR APPROVAL

Comment:

() Approved () Not Approved

Comment:
.....
.....
.....
.....

Signature and Stamp:

Name:

Date:

FOR OFFICE USE ONLY

Signature and Stamp:

Date: