

COURSE WORK PROGRAMME REQUEST TO CHANGE PROJECT SUPERVISOR

CWProjChgSup (02/10)

INSTRUCTIONS

1. Complete and return this form to the general office immediately after all parties involved have given their consent.
2. **Supervisors' signatures on this form indicate their support for the request.**
3. Administrator will inform all relevant parties once approval is granted.

Name: _____ Student ID: _____

Email: _____ Programme: PT MSc / FT MSc

Reason: _____

New project title: _____
(if applicable)

Original supervisor:

New supervisor:

Name	Signature	Date

For department's use:

Request **supported / not supported** by Graduate Programmes Committee.

Name & signature: _____ Date: _____

Request **approved / not approved** by Head of Department.

Name & signature: _____ Date: _____

Administrator will confirm change with student and both supervisors via email.