

CHANGE OF SUPERVISOR(S) FORM

REGISTRATION NUMBER

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NAME

DEGREE

DEPARTMENT

CURRENT PRIMARY SUPERVISOR

STAFF NUMBER

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NAME

CURRENT SECONDARY SUPERVISOR

STAFF NUMBER

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NAME

NEW PRIMARY SUPERVISOR

STAFF NUMBER

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NAME

NEW SECONDARY SUPERVISOR

STAFF NUMBER

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NAME

REASON FOR CHANGE OF SUPERVISOR(S)

SIGNATURE OF HEAD OF DEPARTMENT

(or nominee)

Please complete and return the form to Student Business or the relevant Student Business email