

CHANGE OF SUPERVISOR OR THESIS TITLE DOCTOR & MASTER OF PSYCHOLOGY*

GS22

* This form may be used by Master of Psychology/PhD students enrolled in the 1st year of the course. Later year students must complete the School of Graduate Studies form "Application for Change of Department /Supervisor(s)".

This form should be completed by students in consultation with their supervisor(s) and submitted to the Professional Programs Officer or the Research Officer, Psychology Office.

Please complete Sections 1-4 and then pass the form to your supervisor(s).

SECTION 1: STUDENT INFORMATION

Course: Master of Psychology Doctor of Psychology Master of Psychology/PhD
Stream: Clinical Child Neuro Org/Ind Forensic Health **Enrolment:** Full-time Part-time

Student No:
Name: _____
Current Supervisor(s): _____

SECTION 2: CHANGE OF SUPERVISOR(S)

I wish to DELETE:

| Supervisor(s) | Department |
|---------------|------------|
| 1. | |
| 2. | |

I wish to ADD:

| Supervisor(s) | Department |
|---------------|------------|
| 1. | |
| 2. | |

External Supervisors

If an individual who is not a member of the University staff has been nominated as a supervisor or co-supervisor, please supply the following information and forward a C.V. with this form.

Name: _____
Address: _____
 _____ **Postcode:** _____
Telephone: **Home:** _____ **Business:** _____ **Fax:** _____
Email: _____

Are you willing to supervise under the University's "Principles for Supervision of Research Degrees" and "Code of Conduct of Research"?

Yes No

Reason for nominating as supervisor: _____

SECTION 3: CHANGE OF THESIS TITLE

Any change of thesis title should be agreed with your supervisor(s).

SECTION 4: STUDENT SIGNATURE

| | |
|----------------------------|-------------|
| Student's Signature | Date |
| | |

SECTION 5: SUPERVISOR(S) SIGNATURES

| Supervisor(s) | Signature(s) | Date |
|---|---------------------|-------------|
| 1. | | |
| 2. | | |
| Course Convenor | | |
| ONCE SIGNED BY THE ABOVE, PLEASE SUBMIT TO DAVID CASTLE, PSYCHOLOGY OFFICE | | |
| Professional Training Convenor | | |
| Research Convenor | | |

- OFFICE USE ONLY -

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|---------------|---------------------------------|-----------------------------|----------------|----------------------------------|-------------------------------|
| UPDATE | <input type="checkbox"/> Merlin | DATE: ____/____/____ | COPY TO | <input type="checkbox"/> Student | <input type="checkbox"/> File |
|---------------|---------------------------------|-----------------------------|----------------|----------------------------------|-------------------------------|