

HIGHER DEGREE RESEARCH CHANGE TO CANDIDATURE

This form is used by Candidates who want to change their topic, Supervisor, completion date, or study mode. Changes to Candidature must be approved by the Academic Program Leader Graduate School. Please discuss any proposed change with your Primary Supervisor and the Academic Program Leader, Graduate School before lodging this form.

Candidate Details

Name:

Date:

Email:

Phone:

Title:

Program:

Candidate ID:

Title of Research

Primary Supervisor

Type of Variation Requested:

Vary Supervisor

Name:

(Please discuss any change with
Graduate School before contacting
prospective supervisors)

Email:

Role: Primary:

Associate:

Vary Completion Date

Current:

Proposed:

Change to Full -time or Part-time

Part-time:

Full-time:

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Vary Topic? Yes

If Yes, please provide explanation of new research direction (add further pages if needed)

Leave of Absence Yes LOA to commence from:

LOA to end on:

Primary Supervisor endorsement

I have discussed the proposed changes with the Candidate and I:

Support this request

Do not support this request

My reasoning for the decision is:

Supervisor Signature:

Date:

Graduate School Endorsement:

Academic Program Leader:

Date: