

# CHANGE TO SUPERVISORY ARRANGEMENTS APPLICATION FORM



Use this form to apply to change your supervisory arrangements (including changes in supervision load for existing team members).

You must discuss the proposed changes with all current and nominated supervisors before submitting your application. Approval is required by the Principal Supervisor (if this role is to change, the new Principal Supervisor must approve), the Head of School/Nominee and the Assistant Dean Research Training.

Before making any changes please ensure they align with the supervisory requirements stated in the [Code of Practice for Higher Degree by Research Candidature Policy](#).

## CANDIDATE DETAILS

<b>Family Name:</b>	<input type="text"/>	<b>Given Name:</b>	<input type="text"/>
<b>Student Number:</b>	<input type="text"/>	<b>Program:</b>	<input type="text"/>
<b>School:</b>	<input type="text"/>	<b>Faculty:</b>	<input type="text"/>
<b>Are you receiving a scholarship?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, type: <input type="text"/>
<b>Are you a Joint or Dual Award candidate?</b>	<input type="checkbox"/> No	<input type="checkbox"/> JADD	<input type="checkbox"/> DADD

## SUPERVISORY ARRANGEMENTS

What are the **existing** supervisory arrangements?

	Name	Supervision Load (%)	School
<b>Principal Supervisor</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Co-Supervisor</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Co-Supervisor</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Co-Supervisor</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Co-Supervisor</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What are the **proposed new** supervisory arrangements?

	Name	Supervision Load (%)	School
Principal Supervisor			
Co-Supervisor			
Co-Supervisor			
Co-Supervisor			
Co-Supervisor			

If any proposed new supervisors are external to UON, the **School** must provide their full details below.

Full Name:

Date of Birth:

Mailing Address:

Email Address:

Phone Number:

Current Conjoint Appointment?  No  Yes

Please sign this form using an **Adobe Digital Signature**. Click on the box below and follow the prompts:

**CANDIDATE SIGNATURE:**  **Date:**

What is the effective date for this supervisory change?

Email the completed form to your new or continuing Principal Supervisor. Once signed off, they will return to you, for you to forward to UON Graduate Research: [graduate-research@newcastle.edu.au](mailto:graduate-research@newcastle.edu.au). Please ensure all necessary approvals from new supervisors are obtained before submitting this form. **You must copy in all of your supervisors when you submit the form to UON GR.**

## APPROVALS

**Principal  
Supervisor Name:**

**Do you support this change request?**

Yes:

No:

**Is the program able to be completed  
within the remaining EFTSL?**

Yes:

No:

**Comments:**

**Supervisor Signature:**

**Date:**

Please return the completed form to the candidate, who will forward to UON Graduate Research: [graduate-research@newcastle.edu.au](mailto:graduate-research@newcastle.edu.au). UON GR will coordinate approvals by the HoS and ADRT.

### **Head of School/Nominee Declaration and Approval:**

**Head of School/  
Nominee Name:**

**Do you support this change request?**

Yes:

No:

**Provide justification for  
this decision:**

*I confirm that the nominated supervisory team complies with the requirements as outlined in the [Code of Practice for Higher Degree by Research Candidature](#) or I am requesting a relaxation/s with the justification/s provided below:*

- 1. Relaxation request for a supervisor to have a supervisory responsibility of less than 20%**

**Justification #1:**

- 2. Relaxation request for a current HDR candidate to be a principal supervisor**

**Justification #2:**

- 3. Relaxation request for supervisory team composition, acknowledging no supervisor has an appointment for the duration of the program**

**Justification #3:**

*By signing this form, I confirm that both the current and all proposed new supervisors from my School have been informed of these proposed changes to the candidate's supervisory arrangements.*

**HoS Nominee Signature:**

**Date:**

**Assistant Dean  
Research Training Name:**

**Do you support this change request?** Yes:  No:

**Provide justification for this decision:**

**ADRT Signature:**  **Date:**

**CROSS-SCHOOL AND CROSS-FACULTY APPROVALS – IF APPLICABLE**

**Proposed Additional New  
Supervisor Name:**

**Do you support this change request?** Yes:  No:

**Comments:**

**Supervisor Signature:**  **Date:**

Please return the completed form to the candidate, who will forward to UON Graduate Research: [graduate-research@newcastle.edu.au](mailto:graduate-research@newcastle.edu.au). UON GR will coordinate approvals by the HoS and ADRT.

**Cross-School Head of School/Nominee Declaration and Approval:**

**Additional HOS/  
Nominee Name:**

**Do you support this change request?** Yes:  No:

**Provide justification for this decision:**

*I confirm that the nominated supervisory team complies with the requirements as outlined in the [Code of Practice for Higher Degree by Research Candidature](#) or I am requesting a relaxation/s with the justification/s provided below:*

- 1. Relaxation request for a supervisor to have a supervisory responsibility of less than 20%**

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**Justification #3:**

*By signing this form, I confirm that both the current and all proposed new supervisors from my School have been informed of these proposed changes to the candidate's supervisory arrangements.*

**HOS Nominee Signature:**

**Date:**

**Additional ADRT Name:**

**Do you support this change request?**

Yes:

No:

**Provide justification for this decision:**

**ADRT Signature:**

**Date:**