

Ref: CST FORM (Apr 202			
FOR OFFICE USE ONLY	Student Number:		
Received by:	Input on SITS:		
Date:			

Application for change to Supervisory Team

THIS FORM IS TO BE COMPLETED BY THE DIRECTOR OF STUDIES (or internal supervisor if the Director of Studies is external to the Institution).

Exceptionally a change may be requested by a student, in which case the situation must be discussed with the relevant postgraduate tutor. In all cases full reasons for the proposed change must be given, and the student and the DoS must normally sign to confirm that all parties have been consulted. Approval for the change must be made by the Chair of the appropriate Faculty Research Committee or Faculty PGR Tutor.

1. THE CANDIDATE

Title:	
Family Name:	
First / Given Name(s)	
Faculty Research Committee	
Title of research programme:	

2. REGISTRATION

Registered for:	MPhil	PhD
Registration start date:		

3. MODE OF STUDY

Mode of study approved at Registration:	Full-Time	Part-Time
Progression Stage approved:	Yes	No

4. SUPERVISORY ARRANGEMENTS CURRENTLY APPROVED

Director of Studies (DoS):	
Second Supervisor(s):	

5. SUPERVISION ARRANGEMENTS PROPOSED

(Where a supervisor has not previously acted in this capacity for the University, brief C.V. details should be given).

Please note that a candidate for a research degree (whether registered at the University of Wolverhampton or elsewhere) is ineligible to act as a member of the supervisory team for another research degree candidate.

Change effective from (date):					
Reason for change:					
Brief outline of steps taken to mitigate any disruption to the student's progress with this change:					
triis Change.					
5.1 DIRECTOR OF STUDIES					
Name:					
Post Held:					
Place of Work:					
Qualifications:					
Number of current Research Degree Supervisions	MPhil:		PhD:		
Number of successfully completed Research Degree Supervisions	MPhil:		PhD:		
Number of other Research-based Higher Degrees (please specify)					
Attending/Completed Research Supervisor Development Programme (RSDP) at the UoW?	Yes	No			
5.2 SECOND SUPERVISOR (1)					
Name:					
Post Held:					
Place of Work:					
Qualifications:					
Number of current Research Degree Supervisions	MPhil:		PhD:		
Number of successfully completed Research Degree Supervisions	MPhil:		PhD:		
Number of other Research-based Higher Degrees (please specify)					
Attending/Completed Research Supervisor Development Programme (RSDP) at the UoW?	Yes	No			
	I.				

5.3 SECOND SUPERVISOR (2) Name: Post Held: Place of Work: Qualifications: Number of current Research Degree MPhil: PhD: Supervisions Number of successfully completed Research **MPhil**: PhD: **Degree Supervisions** Number of other Research-based Higher Degrees (please specify) Attending/Completed Research Supervisor Yes No Development Programme (RSDP) at the UoW? Brief statement of the role of each member of the supervision team, including their research work and experience: **5. CANDIDATE SIGNATURE** Candidate Date Image: Text: 6. DIRECTOR OF STUDIES OR NOMINEE Director of Studies or internal supervisor Date 7. DECISION OF FRC or PGR Tutor: Change to supervisory team: Please select an outcome: Approved Not approved

Date

Signature of the chair of the FRC or PGR Tutor

Image:

Text: