|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE NOTE** | | * ***This form is to be used when a PhD student changes faculties*** * ***This form must be typed. Handwritten forms will not be accepted.*** * ***Double-clicking on the check boxes enables you to change them from not-checked to checked.*** | | | | | | | | |
|  | | | | | | | | | | |
| Student Details | | | | | | | | | | |
|  | | | | | | | | | | |
| **Student ID** | | |  | | **Name** | | |  | | |
| **Programme** | | |  | | **Admission Date** | | |  | | |
| **Current Faculty** | | | Choose a Faculty | | **School/Dept.** | | |  | | |
| **New Faculty** | | | Choose a Faculty | | **School/Dept.** | | |  | | |
| **PGR9**  **Confirmation Date** | | |  | | **Expected Submission date** | | |  | | |
| **Research Component Title** | | |  | | | | | | | |
|  | | | | | | | | | | |
| checklist | | | | | | | | | | |
| Please provide the following information to your proposed new Faculty’s Postgraduate Office. | | | | | | | | | | |
|  | | | | | | | | | | |
|  | **Statement outlining the rationale for the change and how the research fits within the new Faculty** | | | | | | | | | |
|  | **Statement from (new) supervisory team supporting the transfer** | | | | | | | | | |
|  | **Copy of the Confirmation of Candidature form (if confirmed)** | | | | | | | | | |
|  | **Copy of admissions documents including admitting research proposal and previous transcripts including any conditions** | | | | | | | | | |
|  | **Copies of all previous progress reports** | | | | | | | | | |
|  | **A brief outline of current progress and timeline for completion** | | | | | | | | | |
|  | | | | | | | | | | |
| appointment Of supervisory team (names) | | | | | | | | | | | |
| **Supervisor Type (select option)** | | | | |  | | **Supervised to Completion** | | | Yes | No |
| **Supervisor Type (select option)** [**i**](#Sturcture) | | | | |  | | **Supervised to Completion** | | | Yes | No |
| **Supervisor Type (select option)** | | | | |  | | **Supervised to Completion** | | | Yes | No |
| **Mentor Supervisor/Advisor**  **(delete as applicable)** | | | | |  | | **Supervised to Completion** | | | Yes | No |
|  | | | | | | | | | | | |
| SCHOOL AND FACULTY APPROVALS (SIGNATURES – new superviSory Team) | | | | | | | | | | | |
| **Supervisor Type (select option)** | | | | |  | | | **Date** | |  | |
| **Supervisor Type (select option)** [**i**](#Sturcture) | | | | |  | | | **Date** | |  | |
| **Supervisor Type (select option)** | | | | |  | | | **Date** | |  | |
| **Student** | | | | |  | | | **Date** | |  | |
| **HOS/HOD for Resource Sign off**  **(New Faculty)** | | | | |  | | | **Date** | |  | |
| **Associate Dean Postgraduate**  **(New Faculty)** | | | | |  | | | **Faculty Board**  **Approval Date** | |  | |
| **Associate Dean Postgraduate**  **(Previous Faculty)** | | | | |  | | | **Date** | |  | |