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| --- | --- |
| **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.***
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|  |
| 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** |  |