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| **Student ID No**  |  | **Name** |  |
| **Faculty**  | Choose a Faculty | **School/Dept** |  |
| **Programme** |  |  |
| **Commencement Date** |  | **Submission Due Date** |  |
| **Supervisor Type (select option)** |  | **Supervisor Type (select option)** [**i**](#Sturcture) |  |
| **Supervisor Type (select option)** |  | **Mentor Supervisor** |  |
| Note:  |
| **Research Title** |  |
| **Has a ‘Supervision Agreement’ been completed?***Supervisory agreements are compulsory* | **Yes** | [ ]  | **No** | [ ]  |
| **Has anything changed that requires an amendment to the supervisory agreement?** | **Yes** | [ ]  | **No** | [ ]  |
| **Research Component** | Choose an item. | **Research Format** | Choose an item. |
|  |

*Expand relevant section(s) to complete (click on the triangle to expand).*

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# Variations to Candidature

**Note:**

* ***Changes to your enrolment may have an effect on student loans and allowances. If you have student loan living costs please contact StudyLink to check your ongoing eligibility.***
* ***Changes to mode of study (e.g. full-time to part-time) will only occur at the end of your current enrolment period.***
* ***Deferment is normally granted for a maximum of 1 year from the admission date ( prior to enrolment).***
* ***Leave of Absence is normally granted for a maximum of 1 year throughout the programme***
* ***If changing Faculties this form should be signed by the new Faculty***
* ***If applying for an extension please attach an updated timeline for completion and complete a progress report (if not completed within the last 3 months)***
* ***If applying for an extension, students are required to pay an enrolment fee on a prorata basis for the extension***
* ***Where applicable, international students are responsible for ensuring they have sufficient time to apply for an extension to their visa***
* ***For doctoral students, changing the format of your thesis may require a new Confirmation of Candidature form to be submitted. Please consult with your supervisor for guidance.***

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| [ ]  | **Leave of Absence** | From |  | To |  |  |
| [ ]  | **Extension** | New Submission Date |  |  |  |  |
| ***Note: Students requesting an extension will need to complete a*** [***progress report***](https://student.aut.ac.nz/postgraduate-research/pg-forms-policies-and-processes/postgraduate-forms) ***(if not completed within the last 3 months) or an updated timeline (if completed a progress report within the last 3 months).*** |
| [ ]  | **Defer Programme** **Commencement** | ExpectedStart Date |  |  |  |  |
| [ ]  | **Withdrawal** | Effective Date |  |  |  |
| [ ]  | **Change of Format** | New Format: | Choose an item. |  |
| [ ]  | **Off-Campus Registration** | I intend to study off-campus: | Temporarily | [ ]  | Permanently | [ ]  |
|  |  | Dates you will be off-campus | From: |  | To |  |
|  |  | Where will you be based? | City: |  | Country |  |
| [ ]  | **Mode of Study** **(Full-time/Part-time)** | **Select option** |
|  | **Notes:** | This change will commence at the end of your current enrolment. |
|  |  | International students need to be enrolled full-time to be eligible for domestic fees |
|  |  | Amended timelines will be communicated to you following approval of your request. Students must have been enrolled and paid for a minimum of three years full-time or six years part-time (equivalent to 3EFTS) in order to submit for examination.  |
| **Rationale for request:** |  |
| *Provide as much detail as possible and include an updated timeline* |  |

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# Supervisory Changes

**Note:**

* ***Where a supervisor has not supervised to completion a mentor should normally be appointed.***
* ***PhD International students require a leading researcher on the supervisory team to be eligible for domestic fees***

*Detail the* ***new*** *supervisory team*

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| detail the new appointments to the supervisory team  |
|  |
| ***You must select EITHER primary/secondary structure OR co-supervisor structure throughout, not a mix of both.*** |
|  |
| **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****(delete as applicable)** |  | **Supervised to Completion** | **Yes** [ ]  |  **No** [ ]  |
| **Provide details of removed supervisors:** |  |
| **Reason for Change:** |  |

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| Details of external supervisor |
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| *Note: If the external supervisor does not have a direct line manager, or manages their own workload (i.e. is an independent contractor), approval from a line manager is not required and an email detailing this is sufficient.* |
|  |
| **External Supervisor** |  | **Supervised to Completion** | **Yes** [ ]  |  **No** [ ]  |
| **Contact Email Address** |  |  |
| **External Supervisor Signature** |  | **Date** |  |
| **Line Manager Signature** |  | **Date** |  |
| **OR An approval email has been received from line manager?** |  | **Yes** [ ]  |  |
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# Approvals and Sign Off (Required)

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| school and faculty approvals |
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| **Student** |  | **Signature** |  | **Date** |  |
|  |
| ***Primary/Co-Supervisor declaration: I confirm that I have consulted with the supervisory team on the student’s change requests, and am signing the change request form on behalf of the supervisory team.*** |
| **Supervisor Type (select option)** |  | **Signature** |  | **Date** |  |
| **Mentor Supervisor** |  | **Signature** |  | **Date** |  |
| **Associate Dean Postgraduate** |  | **Signature** |  | **Date** |  |
| **Dean GRS** |  | **Signature** |  | **Date** |  |
| Additional approvals for Supervisory Changes |
| ***A reminder that the supervision team should be EITHER primary/secondary*** ***structure OR co-supervisor structure throughout, not a mix of both.*** |
| **Supervisor Type (select option)** [**i**](#Sturcture) |  | **Signature** |  | **Date** |  |
| **Supervisor Type (select option)** |  | **Signature** |  | **Date** |  |
| **Supervisor Type (select option)** |  | **Signature** |  | **Date** |  |
| **Head of School (Primary/Co-Supervisor (admin lead)** |  | **Signature** |  | **Date** |  |
| **Head of School of Secondary/Co-Supervisor** **(when supervisor is located in a different department/ school/faculty)** |  | **Signature** |  | **Date** |  |
| **I confirm that the original supervisors have been informed of this change:** | **Yes** [ ]  |  |
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