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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.*** | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 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** | | | |  | | |
| **Thesis 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 PGR9 (if confirmed)** | | | | | | | | | | | |
|  | **Copy of admissions documents including PGR2 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) | | | | | | | | | | | | | |
| **Primary Supervisor** | | | | |  | | | | **Supervised to Completion** | | | Yes | No |
| **Secondary Supervisor** | | | | |  | | | | **Supervised to Completion** | | | Yes | No |
| **Third Supervisor/Advisor**  **(delete as applicable)** | | | | |  | | | | **Supervised to Completion** | | | Yes | No |
| **Mentor Supervisor/Advisor**  **(delete as applicable)** | | | | |  | | | | **Supervised to Completion** | | | Yes | No |
|  | | | | | | | | | | | | | |
| SCHOOL AND FACULTY APPROVALS (SIGNATURES – new superviSory Team) | | | | | | | | | | | | | |
| **Primary Supervisor** | | | | | |  | | **Date** | |  | | | |
| **Secondary Supervisor** | | | | | |  | | **Date** | |  | | | |
| **Third/Mentor Supervisor/Advisor** | | | | | |  | | **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** | |  | | | |