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| **PLEASE NOTE** | * ***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.*** * **Major changes to your topic may result in the following:** * **If in provisional status you may need to submit a new PGR2** * **If a PGR9 has already been approved then you may be required to submit a new PGR9** * **Previous time in the programme may no longer be counted towards your completion timeframe** |

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| **Student ID** |  | **Name** |  | |
| **Faculty** | Choose a Faculty | **School/Dept** |  | |
| **Programme** |  |  |  | |
| **Candidature (Provisional/Confirmed)** |  | **Mode of Study (Fulltime/ Part Time)** |  | |
| **Date of Admission** |  | **Expected Submission Date** |  | |
| **Thesis Format** | **Format 1** | **Format 2** | | **Format 3** |

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| Change of thesis format | | | | |
| ***Note: Changing the format of your thesis may require a new PGR9 to be submitted. Please consult with your supervisor for guidance.*** | | | | |
| **Are you changing the format of your thesis?**  *If yes please provide rationale below.* | | | **Yes** | **No** |
| **New format** | **Format 1** | **Format 2** | **Format 3** | |

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| --- |
| current thesis topic |
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| proposed new thesis topic |
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| rationale for change |
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| resource sign off | | | | | |
| **HOD/HOS/Dep Chair/**  **Authorised staff member** |  | **Confirm Resources**  **Available for this project** | | **Yes** | **No** |
| **Signature** |  | **Date** |  | | |

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| changes/new appointments to supervisory team (names) | | | | | | |
|  | | | | | | |
| **Has there been a change in supervisors?**  If yes, please provide details below. | | | | **Yes** | | **No** |
| **Primary Supervisor** |  | **Supervised to Completion** | **Yes** | | **No** | |
| **Secondary Supervisor** |  | **Supervised to Completion** | **Yes** | | **No** | |
| **Additional Supervisor/Advisor**  **(delete as applicable)** |  | **Supervised to Completion** | **Yes** | | **No** | |
| **Mentor Supervisor**  **(delete as applicable)** |  | **Supervised to Completion** | **Yes** | | **No** | |

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| School and Faculty Approval | | | | | |
| **Primary Supervisor** |  | **Signature** |  | **Date** |  |
| **Secondary Supervisor** |  | **Signature** |  | **Date** |  |
| **Additional Supervisor/ Mentor** |  | **Signature** |  | **Date** |  |
| **Associate Dean** |  | **Signature** |  | **Date** |  |