



Student name: _____ **ID number:** _____

Faculty: _____ **Department/School:** _____

Degree for which registered: (please tick as appropriate)

Masters	<input type="checkbox"/>	PhD	<input type="checkbox"/>
---------	--------------------------	-----	--------------------------

Original thesis title: _____

New thesis title (if different from original): _____

Proposed Current Supervisor(s): (Please include the names of the Supervisors(s) to be noted on the Student Record System)

Name: _____ Signature: _____
 Current Primary Supervisor

Name: _____ Signature: _____
 Current Joint Supervisor (if applicable)

Name(s) of Former Supervisor(s): (Please include the name(s) of the Supervisors(s) to be removed from the Student Record System)

Name: _____ Signature: _____
 Former Primary Supervisor

Name: _____ Signature: _____
 Former Joint Supervisor (if applicable)

Reason(s) for the alteration of Supervisor(s)

Approved by:

Head of Department/School: (Where the HoD is a supervisor; the Dean of Faculty should sign-off)

Name _____ Signature _____ Date _____

Assistant Dean Research: (Where the Ass. Dean Research is a supervisor; the Dean of Faculty should sign-off)

Name _____ Signature _____ Date _____

The completed form should be returned to the Student Academic Administration Office.