



Student Administration Centre

Wilkinson Building, G04
NSW 2006 AUSTRALIA

Telephone +61 2 9351 3248
Facsimile +61 2 9036 9532
email: sac@arch.usyd.edu.au
CRICOS Provider: 00026A

Research Students: New Supervisor / Associate Supervisor

Candidate Name: _____ SID: _____
 Address: _____ Phone : _____
 Email: _____ Date: _____

Degree: PhD MPhil **Attendance:** Full time Part time **Probation complete:** Yes No

Start Date: _____ **Earliest Sub. Date:** _____ **Latest Sub. Date** _____

Current Supervisor:		New Supervisor	
Title:		Title:	
Given Name:		Given Name:	
Family Name:		Family Name:	
End Date:		Start Date:	
Signature:		Signature:	
Current Associate Supervisor:		New Associate Supervisor	
Title:		Title:	
Given Name:		Given Name:	
Family Name:		Family Name:	
End Date:		Start Date:	
Signature:		Signature:	

I request that this change in supervision be approved:

Candidate's Signature: _____ Date: _____

Please forward to the Student Administration Centre, Level 2, Wilkinson Building.

OFFICE USE ONLY. Approved by:	
_____	_____
Associate Dean	Date