

### CHANGE OF DIRECTOR OF STUDIES (DOS) OR SECOND SUPERVISOR (SS) OR STUDENT ACADEMIC TUTOR (SAT)

Student Name	Student ID No.	Academic Year
Term	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Director of Studies (DOS) <input type="checkbox"/> Second Supervisor (SS) <input type="checkbox"/> Student Academic Tutor (SAT)

Name of Current DoS/SS/SAT: \_\_\_\_\_  
 Current Research Proposal/Thesis Title: \_\_\_\_\_  
 \_\_\_\_\_

**Reason for Change**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments of Current DoS/SS/SAT:

Current DoS/SS/SAT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Proposed new DoS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Proposed new SS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Proposed new SAT: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORISATION**

<p>Approved / Denied</p> <p>_____</p> <p>Head of Programme</p> <p>_____</p> <p>Dean</p>	<p>Comments:</p> <hr/> <p>Comments:</p>
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Original to Student File

Copy to:  Former DoS  Former SS  Former SS  New DOS  New SS  New SAT