



**CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT,
ODISHA**

CHANGE OF SUPERVISOR

Important Information for all applicants

- a) This form should be used to request for a change of Supervisor for candidates in PhD.
- b) This form will be kept in student record
- c) Copy should be forwarded to Research Committee for updating record.
- d) One copy should be forwarded to Dean of the Post Graduate Research

Procedure:

1. **Candidate** need to complete **Sections A, B** and **D** (where applicable)
2. **Supervisor** need to complete **Sections B** (as where applicable)
3. **Research Committee** need to complete **Sections C**
4. **Present** and **Proposed supervisor** need to complete **Sections D**
5. **Approving** authority needs to complete **Section E**

Section A-Candidate Information

Year 20__			
Candidate's Last Name:		Candidate's ID No:	
Candidate's First Name:			
Enrolment Status:	Full Time:	Part Time:	
Thesis Working Title:			
Current Supervisor:			
Current other Supervisor/s:			
Date of Initial Enrolment:			
Expected Date of Completion:			
Date of Research Proposal Approval(if applicable): or Date of submission for Research Proposal Approval:			

Section B-Proposed Changes Information

Please Tick from whom the Statement for Change is initiating:

Candidate
Supervisor
Chairman of Research Committee

Reasons for the change of Supervisor:

A change to the supervisory arrangements is requested because:

Name:		Position:	
Signature:		Date:	

Statement from other party affected by the proposed changes(e.g. if the School has initiated the change, the candidate may comment here)

Name:		Position:	

Section C-Recommendations

Recommendation of The Research Committee

We recommend that the new supervisory team is:

Primary supervisory:

Secondary supervisory(If Applicable):

Chairman of the Research Committee:		Position:	
Signature:		Date:	

Section D: Details Information			
Change in the scope of research, if any:			
Signature of the candidate:		Date:	
Consent/ Comments of the present supervisor:			
Signature of the present Supervisor		Date:	
Consent/ Comments of the proposed supervisor:			
Signature of the proposed Supervisor		Date:	

Section E-Approvals			
1. Head of School/ Dean PG Studies			
Change approved		Change not approved	
Comment:			
Name:			
Signature:		Date:	
2. VC			
Change approved		Change not approved	
Comment:			
Name:			
Signature:		Date:	