

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 scholars 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. Scholar need to complete Sections A, B and D (where applicable)
- 2. **Supervisor** need to complete **Section B** (as where applicable)
- 3. Research Committee need to complete Section C
- 4. Present and Proposed supervisor need to complete Sections ${\bf D}$
- 5. Approving authority needs to complete Section E

Section A-Scholar Information		
Year 20_		
Scholar's Last Name:		Scholar's ID No:
Scholar'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:		
Section B-Proposed Changes Ir	formation	

Please Tick from whom the Statement for Change is initiating:							
Scholar							
Supervisor							
Chairman of Research Committee							
Reasons for the change	of Supervisor:						
Name:			Position:				
Signature:			Date:				
Statement from other p	party affected by the	proposed changes(e.g. if	the School has init	iated the			
change, the candidate n	may comment here)						
				<u> </u>			
Name:			Position:				
Section D-Details Info	ormation						
Change in the scope of	f research, if any:						
Signature of		Date:					
the candidate:		Date.					
Consent/ Comments of	f the present supervi	sor:					
	F						
G: 4 641							
Signature of the present		Date:					
Supervisor							
Consent/ Comments of	f the proposed super	visor:					
Signature of the proposed		Date:					
Supervior Supervior							

Section E-Approvals			
1. VC			
Change approved approved Comment:	Change not		
Name:			
Signature:		Date:	