

**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:	
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Candidate's First Name:

Enrolment Status:	Full Time:	Part Time:
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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:**

<b>Name:</b>		<b>Position:</b>	
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<b>Signature:</b>		<b>Date:</b>	
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**Statement from other party affected by the proposed changes(e.g. if the School has initiated the change, the candidate may comment here)**

<b>Name:</b>		<b>Position:</b>	
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### **Section C-Recommendations**

**Recommendation of The Research Committee**

**We recommend that the new supervisory team is:**

**Primary supervisory:**

**Secondary supervisory(If Applicable):**

<b>Chairman of the Research Committee:</b>		<b>Position:</b>	
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<b>Signature:</b>		<b>Date:</b>	
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<b>Section D: Details Information</b>			
<b>Change in the scope of research, if any:</b>			
<b>Signature of the candidate:</b>		<b>Date:</b>	
<b>Consent/ Comments of the present supervisor:</b>			
<b>Signature of the present Supervisor</b>		<b>Date:</b>	
<b>Consent/ Comments of the proposed supervisor:</b>			
<b>Signature of the proposed Supervisor</b>		<b>Date:</b>	

<b>Section E-Approvals</b>			
<b>1. Approved by Vice Chancellor</b>			
<b>Change approved:</b>		<b>Change not approved Comment:</b>	
<b>Name:</b>			
<b>Signature:</b>		<b>Date:</b>	