**APPLICATION FOR CHANGE OF SUPERVISOR(S)**

**OR APPOINTMENT OF JOINT SUPERVISOR(S)**

**(D.Phil., M.Litt., M.Sc. By Research, M.Phil. in Law, M.St. in Legal Research)**

***Staff notice:*** *This form contains personal data and may contain sensitive information. Please ensure that downloaded or printed copies are stored securely. Please retain information only for as long as you need it and then dispose of it confidentially. Further advice about handling student data can be found here: (*[*https://academic.admin.ox.ac.uk/student-data*](https://academic.admin.ox.ac.uk/student-data)*).*

Please return this form to the relevant Graduate Studies Assistant ([*http://www.ox.ac.uk/students/academic/guidance/graduate/contacts*](http://www.ox.ac.uk/students/academic/guidance/graduate/contacts)

*for details)*.

**SECTION 1 –** Declaration of consent *(to be signed by the student)*

|  |  |  |
| --- | --- | --- |
| I understand that the information and any materials that I supply in support of this application will be processed by the University in accordance with the Student Privacy Policy <https://compliance.admin.ox.ac.uk/student-privacy-policy>. I consent to my information being used for the purposes of this application. | | |
| **I consent to disclosure within the above limits** | | ❑   **Yes**           ❑   **No** |
| **Signature of Student:** |  | |

**SECTION 2 –** to be completed by the student. Please use **BLOCK CAPITALS.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | | | | | | Title (Mr/Mrs/Miss/Ms/etc): | | |  | |
| First Name (in full): | |  | | | | | | | | Student Number: | | |  | |
| College: | |  | | | | | Department: | | |  | | | | |
| Address for communication: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Telephone number: | |  | | | | | Email address: | | |  | | | | |
| **Funded students:** Are you in receipt of a studentship/scholarship (e.g. Research Council)? | | | | | | | | | | | | | | |
| ❑ **Yes** ❑ **No** | | | | | | Name of funding body: | | | |  | | | | |
| **Current supervision arrangements** (please provide name, department and email address for **all** current supervisors) | | | | | | | | | | | | | | |
|  | Name & Title | | | | Department | | | | | Email Address | | | | P |
| 1 |  | | | |  | | | | |  | | | |  |
| 2 |  | | | |  | | | | |  | | | |  |
| 3 |  | | | |  | | | | |  | | | |  |
| 4 |  | | | |  | | | | |  | | | |  |
| **New supervision arrangements** (please provide name, department and email address for **all** future supervisors) | | | | | | | | | | | | | | |
|  | Name & Title | | | | Department | | | | | Email address | | | | P |
| 1 |  | | | |  | | | | |  | | | |  |
| 2 |  | | | |  | | | | |  | | | |  |
| 3 |  | | | |  | | | | |  | | | |  |
| 4 |  | | | |  | | | | |  | | | |  |
| *P – please indicate primary supervisor (if applicable)* | | | | | | | | | | | | | | |
| **Student’s reason for the proposed change (if applicable):** please continue on separate sheet if necessary | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | Date: | | |  | | |
| **SECTION 3 –** to be completed by the new or additional supervisor(s\*) | | | | | | | | | | | | | | | |
| Full Name: | | | | |  | | | | | | | | | | |
| Department & Single Sign On ID: | | | | |  | | | | | | | | | | |
| Term of Effect | | | | |  | | | | | | | | | | |
| Reason for proposed change: | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | Date: | | |  | | | | |
| *\*If more than one supervisor is being added, please print another copy of this page and give it to the supervisor(s) concerned to complete and then attach with the rest of the completed form* | | | | | | | | | | | | | | | |

**SECTION 4** – to be completed by the current supervisor(s\*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: | |  | | | | |
| Comments: | | | | |
| I confirm that I support this application: | | | | |
| Signature: |  | | Date: |  |
| *\*If more than one supervisor is being added, please print another copy of this page and give it to the supervisor(s) concerned to complete and then attach with the rest of the completed form* | | | | | |

**SECTION 5** – to be completed by the Director of Graduate Studies (or equivalent)

|  |  |  |  |
| --- | --- | --- | --- |
| **I certify that this application has the approval of the candidate’s department** | | | ❑ Yes ❑ No |
| Signature of DGS: |  | Date: |  |
| Full Name: |  | | |

GSO.25. (1) Updated Feb 2020 TQ