**Appointment or Change of Supervisors**

This form is to be used for two different purposes:

1. **To appoint the formal supervisory team for a Doctoral student**. This should occur as soon as possible following enrolment, and no later than six months following enrolment. Note that the Senior Supervisor is appointed as part of the Admission process.
2. **To initiate a change to the supervisory team for a Doctoral or research Master’s student**. This change may be one of the following:
   1. Appointment of replacement supervisor/s or addition/removal of a supervisor from the supervisory team.
   2. A change in supervisory role (e.g., switch from Senior Supervisor to Associate Supervisor).
   3. A change in EFTS allocations among the existing supervisory team.

Students and supervisors should review the [Research Students Supervision Policy](https://www.canterbury.ac.nz/about-uc/corporate-information/policies/research-student-supervision-policy) when completing this form.

Please note:

* The Senior Supervisor must be a continuing member of staff at the University of Canterbury. If you are appointing an External Supervisor, they may only be appointed as Co- or Associate Supervisors.
* If the proposed Senior Supervisor has not previously supervised a research student to completion at the same level of study, an experienced Co-Supervisor must be appointed as part of the supervisory team to provide appropriate mentoring.
* External supervisors must agree in writing to their roles and responsibilities through completion of a separate External Supervisor Agreement form. This should be submitted alongside this form.
* If the proposed new arrangements necessitate a change of course code (e.g., changing from EDUC790 to PSYC790) then a Transfer or Change of Programme form will also need to be submitted along with this form.
* Research Master’s will have their formal supervisory team appointed through the completion of the “Appointment of Supervisors, Supervisory Agreement, and Approval of Research Proposal for Research Master’s Students” form. This “Appointment of Change of Supervisors” form should only be used by research Master’s students if a subsequent change needs to be made to their supervisory team (Section C).

**Section A**

*This section should be completed by the student.*

|  |  |
| --- | --- |
| Student name: |  |
| Student ID number: |  |
| Department/School: |  |
| Course code (e.g., BIOL790): |  |
| Qualification (e.g., PhD in Biology): |  |
| Mode of study: | Full-time ​ Part-time |
| Thesis working title: |  |
| This request is to: | Formally appoint the supervisory team (Doctoral only) **(Please proceed to Section B)**  Make a change to the existing supervisory team (Doctoral or research Master’s) **(Please proceed to Section C)** |

**Section B: Appointment of Supervisory Team**

*This section should be completed by the student and supervisory team. Section B or Section C should be completed, not both.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Dept/School or Organisation** | **Reason for appointment** |
| Proposed Senior Supervisor: |  |  |  |
| Proposed Co-Supervisor: |  |  |  |
| Proposed Associate Supervisor: |  |  |  |
| Proposed Associate Supervisor: |  |  |  |

Please specify which role Co- or Associate Supervisors are being appointed to by highlighting or deleting.

If any supervisor is external to UC, an External Supervisor Agreement form must also be completed for each person and submitted along with this form.

**Conflicts of Interest***Consult UC’s* [*Conflict of Interest Policy*](https://www.canterbury.ac.nz/about-uc/corporate-information/policies/conflict-of-interest-policy) *when completing this section.*

|  |  |
| --- | --- |
| Are there any actual, potential, or perceived conflicts of interest that should be disclosed? | Yes  No  I don’t know |
| If ‘Yes’ (or ‘I don’t know’), please provide brief detail here:  *You must disclose any conflicts in writing in line with the University’s Conflict of Interest Procedures.* |  |

**Student**

|  |  |
| --- | --- |
| Name/e-signature: |  |
| Date: |  |

**Supervisors  
All members of the supervisory team must sign**Co- or Associate Supervisors must also tick the box at the end of the row to indicate they accept that the Senior Supervisor may sign off subsequent paperwork on behalf of the supervisory team.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Senior supervisor name/e-signature: |  | Date: |  | |
| Co-Supervisor signature: |  | Date: |  | I accept the above note. |
| Associate Supervisor signature: |  | Date: |  | I accept the above note. |
| Associate Supervisor signature: |  | Date: |  | I accept the above note. |

**PLEASE FORWARD THE FORM TO YOUR HEAD OF DEPARTMENT/SCHOOL OR THEIR DELEGATE**

***You must ensure that any supporting documents are submitted along with the application.***

**Section C: Changes to an Existing Supervisory Team**

*This section should be completed by the student and the supervisory team. Agreement from current and new supervisors must have been obtained prior to completing this form. Section B or Section C should be completed, not both.*

|  |  |
| --- | --- |
| Reason for change to the supervisory team: |  |

**Current Supervisory Team**

|  |  |
| --- | --- |
| **Role** | **Name** |
| Senior Supervisor: |  |
| Co-Supervisor: |  |
| Associate Supervisor: |  |
| Associate Supervisor: |  |

**Proposed Supervisory Team**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Dept/School or Organisation** | **Reason for appointment** |
| Proposed Senior Supervisor: |  |  |  |
| Proposed Co-Supervisor: |  |  |  |
| Proposed Associate Supervisor: |  |  |  |
| Proposed Associate Supervisor: |  |  |  |

Please specify which role Co- or Associate Supervisors are being appointed to by highlighting or deleting.

If any supervisor is external to UC, an External Supervisor Agreement form must also be completed for each person and submitted along with this form.

**Conflicts of Interest***Consult UC’s* [*Conflict of Interest Policy*](https://www.canterbury.ac.nz/about-uc/corporate-information/policies/conflict-of-interest-policy) *when completing this section.*

|  |  |
| --- | --- |
| Are there any actual, potential or perceived conflicts of interest that should be disclosed? | Yes  No  I don’t know |
| If ‘Yes’ (or ‘I don’t know’), please provide brief detail here:  *You must disclose any conflicts in writing in line with the University’s Conflict of Interest Procedures.* |  |

**Student**

|  |  |
| --- | --- |
| Name/e-signature: |  |
| Date: |  |

**Supervisors  
All members of the new/continuing supervisory team must sign**Co- or Associate Supervisors must also tick the box at the end of the row to indicate they accept that the Senior Supervisor may sign off subsequent paperwork on behalf of the supervisory team.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Senior supervisor name/e-signature: |  | Date: |  | |
| Co-Supervisor name/e- signature: |  | Date: |  | I accept the above note. |
| Associate Supervisor name/e- signature: |  | Date: |  | I accept the above note. |
| Associate Supervisor name/e- signature: |  | Date: |  | I accept the above note. |

**PLEASE FORWARD THE FORM TO YOUR HEAD OF DEPARTMENT/SCHOOL OR THEIR DELEGATE**

***You must ensure that any supporting documents are submitted along with the application.***

**Section D: Department/School Agreement**

*This section should be completed by the Head of Department/School (or the person/s with appropriate delegated authority under UC’s Academic and Research Delegations).*

**EFTS Split**

*EFTS split applies to UC staff only. EFTS split should be agreed by all supervisors and* ***must be approved by the HoD/S*** *of their respective Departments/Schools. This approval cannot be sub-delegated to the Department/School Graduate Research Coordinator. It is the responsibility of the Senior Supervisor to ensure that all relevant HoD/S have been consulted and agree to the proposed arrangements.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor | Workload % | Dept | *If EFTS split required between Departments/Schools* | |
| EFTS % | HOD Signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**If the proposed new arrangements necessitate a change of course code (e.g., changing from BIOL690 to BIOT690) then a Transfer or Change of Programme form will also need to be submitted along with this form.**

**Agreement**

|  |  |
| --- | --- |
| I support the requested appointment or change of supervisory team: | Yes   No |
| I confirm that the internal supervisors listed here have the appropriate capacity, research expertise, and workload to supervise this student, and that any external supervisors listed here have the appropriate expertise to supervise this student, as required under the [Research Student Supervision Policy](https://www.canterbury.ac.nz/about-uc/corporate-information/policies/research-student-supervision-policy) (Section 3): | Yes   No |
| Please add any further comments here, with a more detailed description if you have answered “no” to any of the questions above:  *Please comment on any areas of concern, e.g., effects of this change on the timeline for degree completion, availability of resourcing and supervision.* |  |
| Name/e-signature: |  |
| Date: |  |

**FOR DOCTORAL APPLICATIONS, PLEASE FORWARD TO** [**GRADUATESCHOOL@CANTERBURY.AC.NZ**](mailto:graduateschool@canterbury.ac.nz)

**FOR RESEARCH MASTER’S APPLICATIONS, PLEASE FORWARD TO THE RELEVANT ADMINISTRATOR**

***You must ensure that any supporting documents are submitted along with the application.***

**Section E: Dean’s Approval**

*This section should be completed by the Relevant Dean (or the person/s with appropriate delegated authority under UC’s Academic and Research Delegations).*

These supervisory arrangements are:

Approved

Approved with conditions (specify below)

Declined

|  |  |
| --- | --- |
| Please add any further comments here:  Include any required conditions for approving the supervisory arrangements or any reasons for declining a requested change. |  |
| Name/e-signature: |  |
| Date: |  |