***COMPLETED FORM NEEDS TO BE SENT TO THE DEPARTMENT FOR APPROVAL BEFORE BEING SENT TO THE GRADUATE SCHOOL***

**UNIVERSITY OF ROEHAMPTON**

## RESEARCH DEGREES COMMITTEE

## APPLICATION FOR A CHANGE TO APPROVED SUPERVISORY ARRANGEMENTS

***Please copy in your school research degrees convenor when sending this completed form to the Graduate School for approval.***

# This process can be initiated by a member of the current supervisory team, the academic school, or by the student. This form should be completed and, when the necessary signatures have been collected reviewed by the department RSRB before being returned to the Graduate School.

**New Director of Studies/Supervisors:**

If you are a proposed new Director of Studies being added to the team, you should sign below to confirm your assent to acting as the candidate’s Director of Studies. If you are not yet an approved Director of Studies please complete an application for qualified Director of Studies status form and send this to the Graduate School for approval.

If you are a proposed new supervisor being added to the team, you should sign below to confirm your assent to acting as one of the candidate's supervisors. If you have not supervised a student at Roehampton before please attach your CV to this form.

### SECTION 1: REGISTRATION DETAILS

**Programme:**

|  |  |  |
| --- | --- | --- |
| [ ]  **MPhil** | [ ]  **PhD** | [ ]  **EdD** |
| [ ]  **PsychD Forensic Psychology** | [ ]  **PsychD Counselling Psychology**[ ]  **PhD Prof Education** | [ ]  **PsychD Psychotherapy & Counselling**[ ]  **DTh** **Practical Theology** |

|  |
| --- |
|  |

**Date of Initial Registration:**

|  |
| --- |
|  |

**Current registration expiry date:**

|  |
| --- |
|  |

**Name:**

|  |
| --- |
|  |

**Student ID:**

|  |
| --- |
|  |

**School:**

**Mode of Study:** [ ]  **Part-time** [ ]  **Full-time**

**Title of research:**

|  |
| --- |
|  |

**SECTION 2: PROPOSED CHANGE TO APPROVED SUPERVISORY ARRANGEMENTS**

*Please state the change to the supervisory arrangements you would like to make. Please note that external supervisors may only be responsible for up to 40% of the supervisory load.*

Current approved supervisory arrangements:

|  |  |  |
| --- | --- | --- |
|  | **Title** | **Name Percentage %** |
| **Director of Studies:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Co-Supervisor(s):** *(please indicate if*  |  |  |  |
| *external)* |  |  |  |
|  |  |  |
|  |  |

Proposed new supervisory arrangements:

|  |  |  |
| --- | --- | --- |
|  | **Title** | **Name Percentage %** |
| **Director of Studies:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Co-Supervisor(s):** *(please indicate if external)* |  |  |  |
|  |  |  |
|  |  |  |
|  |  |

Reason for the change (please give a brief reason for the change requested):

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| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Has the student been informed about the proposed change?  | [ ]  **Yes** | [ ]  **No** |
| Have all members of the current and proposed supervisory teams been consulted regarding the proposed change? | [ ]  **Yes** | [ ]  **No** |

|  |  |
| --- | --- |
| Date change effective from:  |  |
|  |  |

### SECTION 3: SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| New Director of Studies | Signed: | Date: | Department: |
| Printed: |
| New Co-supervisor | Signed: | Date: | Department: |
| Printed: |
| New Co-supervisor | Signed: | Date: | Department: |
| Printed: |
| Student | Signed: | Date: |
| Printed: |

**For completion by school administrator with responsibility for research degrees:**

|  |  |  |
| --- | --- | --- |
| Date received in School Office:  |  |  Signature: |
|  |  |

*If approved by Chair’s Action, the Research Degrees Convenor should sign below.*

Date approved: Signature:

|  |  |  |
| --- | --- | --- |
| Dean | **Signed:** | Date: |
| **Printed:** |

*If any member/members of the new proposed supervisory team are from another School, all additional Deans must also sign the form to confirm that cross-departmental supervisory arrangements have been discussed and agreed. The Deans should state the distribution of resources to be provided between the Schools.*

|  |  |  |
| --- | --- | --- |
| Additional Deans | Signed: | Date: |
| Printed |

**SECTION 4: GRADUATE SCHOOL APPROVAL**

*The Graduate School approves the candidate's change of supervisory team*

|  |  |  |
| --- | --- | --- |
| Signature of Chair of Research Degrees Committee | Signed: | Date: |
| Printed: |