**Change of Study Location**

Research students must complete this form to request to undertake study away from a University of Canterbury campus for a period of one month or more (i.e., Extramural Study). Extramural Study may be overseas, or elsewhere in New Zealand for any study undertaken outside of the Greater Christchurch Area. The Greater Christchurch Area encompasses the council regions of Christchurch City, Waimakariri District, and Selwyn District. A map can be found on the Greater Christchurch Partnership website [here](https://www.greaterchristchurch.org.nz/about-us).

Students must apply in advance and demonstrate that:

1. There are adequate resources and facilities to undertake research at the proposed location; and,
2. A satisfactory means of communication has been established, and regular meetings planned, with the supervisory team; and,
3. Appropriate consideration has been given to the risks associated with research being conducted at the proposed location.

**Before applying to study off-campus:**

* Students must confirm with their school/department that extramural study is suitable for their qualification.
* Students and supervisory teams should negotiate how, and when, meetings and other communication will occur.
* Students should review UC’s [travel info sheet](https://www.canterbury.ac.nz/content/dam/uoc-main-site/documents/pdfs/guides/IM%2001%2024%20-%20Grad%20school%20travel%20document-%20Chubb.pdf)for graduate research students. This will provide more detail on what needs to be considered when applying to study off-campus, especially outside of New Zealand.
* Prior to arranging travel, students should check the NZ government [Safetravel](https://www.safetravel.govt.nz/) website to identify any travel warnings for locations you intend to visit. If a location is deemed to be high risk, please contact UC’s Risk and Insurance Team ([insurance@canterbury.ac.nz](mailto:insurance@canterbury.ac.nz)) as you need to complete a High/Extreme Risk Travel Insurance Application prior to arranging your travel.
* Supervisors with students applying to travel overseas should discuss [Protective Security Requirements (PSR)](https://protectivesecurity.govt.nz/) and [Trusted Research](https://www.protectivesecurity.govt.nz/assets/protective-security-requirements/resources/psr-trusted-research-guidance-spreads.pdf) guidelines. Please contact UC’s Risk and Insurance Team ([insurance@canterbury.ac.nz](mailto:insurance@canterbury.ac.nz)) with any queries on this.
* Students who wish to suspend their studies while studying away from the Christchurch campus must complete a Suspension Application in advance.
* Students must update their details in myUC prior to departure, to include their contact address and phone number at the new location.
* If you have any queries regarding fees, please email [thesis-enrolment@canterbury.ac.nz](mailto:thesis-enrolment@canterbury.ac.nz) or visit the Thesis Enrolment team in Te Pātaka (Level 3, Puaka-James Hight).

We recommend that doctoral students book an appointment with a Kaitoko | Research Student Advisor within Te Kura Tāura to discuss their individual circumstances and obtain advice before applying for a Change of Study Location. We recommend that research Master’s students discuss any changes with their faculty Student Advisors or Graduate Research Coordinator.

**International PhD students and NZ resident visa holders** must be located in New Zealand to be eligible for domestic fees. While international students may travel overseas for data collection and other purposes, this should be for no more than 12 months over the duration of their qualification.

**International students** are advised to speak with the Thesis Enrolment team to discuss their individual circumstances, including potential visa implications, prior to applying for a change of study location. If a student requires personalised advice regarding visas and immigration status, they should contact [Immigration New Zealand](https://www.immigration.govt.nz/). International doctoral students are expected to be residing in New Zealand for the final write up and submission of their thesis.

**Section A: Student Request for Extramural Study**

*This section should be completed by the student. Before applying for any change in your study, you must first discuss the matter with your supervisors.*

|  |  |
| --- | --- |
| Student name: |  |
| Student ID number: |  |
| Senior Supervisor: |  |
| Department/School: |  |
| Qualification (e.g., PhD in Biology): |  |
| Course code (e.g., BIOL790): |  |
| Mode of study: | Full-time ​ Part-time |

|  |  |  |
| --- | --- | --- |
| Proposed place of study (cities and countries):  *Please list all that apply. If you will be visiting more than one country, list them separately and include dates at that location.* |  | |
| Proposed off-campus start date:  *Note that this date may need to be adjusted by the Thesis Enrolments team depending on your original programme start date. Any adjustment will be for enrolment purposes only and will not affect your approved dates of travel.* |  | |
| Proposed date for return to campus: |  | |
| Reason for request: |  | Conducting research |
|  | Changing location of residence |
|  | Whānau/Family commitments |
|  | Other |
| Please elaborate on the reason for your request:  *Supply detailed information and append any supporting evidence.*  *If the reason(s) for this request are private/confidential please indicate the severity of the impacts of any issues.*  *This section must be completed.* |  | |
| Please provide details (including dates) of any previously approved periods of study off-campus:  ***International PhD students:*** *A maximum* ***total*** *period of 12 months of overseas study is permissible while paying domestic fees. If you exceed 12 months overseas you will, at that point, become liable for international fees for any period of additional time overseas. International students are expected to be in New Zealand for the final write up and submission of their thesis.* |  | |
| Using bullet points only, please detail which chapters/research tasks have been completed to date: |  | |
| Using bullet points only, please detail your research plan while at the off-campus location, including estimated delivery dates for each relevant chapter/research task: |  | |
| Please note any further information you would like the relevant Dean to consider in their decision making: |  | |

**OFF-CAMPUS SUPERVISION**

|  |  |
| --- | --- |
| Detail your plan for regular meetings and communication with your supervisory team (including frequency and means of communication): |  |
| Describe, in detail, the research facilities available at each proposed location:  *If you will have in-person supervisory support or mentorship at each location, please detail who will provide that support.* |  |
| If ethics approval is required for research being conducted away from Christchurch, please provide brief details of the approval from the relevant ethics committee (including reference number where applicable):  *If conducting research overseas, it is crucial that you seek and ensure appropriate ethics approval in the region you will be conducting your research. Please discuss with your senior supervisor.* |  |

**OFF-CAMPUS TRAVEL AND ASSOCIATED COSTS**

|  |  |
| --- | --- |
| How will the costs of study away from Christchurch be funded? |  |
| I acknowledge that I am required to take out additional insurance to cover any period of work overseas, and that this may be at my own cost:  ***International students:*** *Please note that Studentsafe insurance cover purchased at enrolment may not cover you outside of NZ. You may need to purchase additional cover. Please refer to* [*Student Safe (insurancesafenz.com)*](https://www.insurancesafenz.com/studentsafe) *for further information.*  *Student Safe cover is also available for domestic students.* | Yes  No  Not applicable |
| For overseas travel, has insurance (health and travel) been arranged? | Yes  No  Not applicable |
| Will you be taking any University equipment with you? | Yes  No |
| If yes, provide details of the equipment you will be taking and append relevant approvals:  *This includes laptops, mobile phones, any technical or monitoring equipment, etc.* ***Note:*** *If the value of the equipment exceeds $10,000 you must contact the Risk and Insurance team* [***insurance@canterbury.ac.nz***](mailto:insurance@canterbury.ac.nz) |  |

**OFF-CAMPUS POTENTIAL RISKS (OVERSEAS TRAVEL)**

|  |  |  |
| --- | --- | --- |
| If travelling overseas please list the travel advisory ratings of any countries you will visit, from the [**Safetravel**](https://www.safetravel.govt.nz/) NZ website.  ***1.*** *Exercise normal safety and security precautions.*  ***2****. Exercise increased caution.*  ***3****. Avoid non-essential travel.*  ***4****. Do not travel.*  ***5****. Not applicable.* | **Country** | **Rating** |
|  |  |
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| If any travel risk rating is at level 3 or 4, please comment on how you will mitigate these risks:  *If the risk level is 3 or 4, please contact the University Risk and Insurance Team* [***insurance@canterbury.ac.nz***](mailto:insurance@canterbury.ac.nz) |  | |
| Are there any human induced risks (e.g., war zones; civil unrest) associated with your time away from Christchurch?  *If yes, please detail and explain steps that will/have been taken to mitigate these risks.* | Yes  No | |
| Is there a high risk of natural hazards associated with your time away from Christchurch?  *If yes, please detail and explain steps that will/have been taken to mitigate these risks.* | Yes  No | |
| Do you intend to engage in dangerous or high-risk activities during your time away from Christchurch?  *If yes, please detail and explain steps that will/have been taken to mitigate these risks:* | Yes  No | |

**OFF-CAMPUS FIELD ACTIVITY**

|  |  |
| --- | --- |
| I have discussed any health and safety requirements with my Department/School and have completed any necessary documentation for my fieldwork:  *If you are undertaking field activity, you may need to complete additional health and safety documentation. Please discuss this with your Department/School. A copy of any relevant health and safety documentation should be submitted with this application.* | Yes  No  Not applicable |

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

**PLEASE FORWARD THE FORM TO YOUR SENIOR SUPERVISOR**

***You must ensure that any supporting documents, including copies of relevant ethical approvals for the proposed location/s, are submitted along with the application.***

**Section B: Supervisor Recommendation**

*This section should be completed by the Senior Supervisor. The Senior Supervisor should meet with the student and discuss the implications of making changes to their study before supporting any request.*

|  |  |  |
| --- | --- | --- |
| I confirm that reasonably practicable steps have been taken to ensure the health, safety and wellbeing of the student at the proposed location/s: | Yes  No | |
| I confirm that appropriate resourcing and oversight of progress are in place to support the student at the proposed location/s: | Yes  No | |
| I agree to the plan for regular meetings and communication with the supervisory team, as detailed in Section A of this application: | Yes  No | |
| I confirm that the student’s research plan while off-campus is appropriate: | Yes  No | |
| Costs of travel will be funded by the: |  | Student |
|  | University |
|  | Other |
| If other, please provide details: |  | |
| I have discussed [Protective Security Requirements (PSR)](https://protectivesecurity.govt.nz/) and [Trusted Research](https://www.protectivesecurity.govt.nz/assets/protective-security-requirements/resources/psr-trusted-research-guidance-spreads.pdf) guidelines with the student:  *Please contact UC’s Risk and Insurance Team (*[*insurance@canterbury.ac.nz*](mailto:insurance@canterbury.ac.nz)*) with any queries on this.* | Yes  No  Not applicable | |
| I confirm that any relevant ethical approvals have been obtained: | Yes  No  Not applicable | |
| I confirm that the student has completed any additional documentation related to fieldwork including health & safety requirements: | Yes  No  Not applicable | |

Do you support this request?

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.*  *This section must be completed.* |  |
| Name/e-signature: |  |
| Date: |  |

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

***You must ensure that any supporting documents, including copies of relevant ethical approvals for the proposed location/s, are submitted along with the application.***

**Section C: Department/School Recommendation**

*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).*

Do you support this request?

Yes

No

|  |  |
| --- | --- |
| Please add any further comments here, with a more detailed description if you have answered “no” to the question 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.*  *This section must be completed.* |  |
| 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 D: Dean’s Decision**

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

This request is:

Approved

Approved with conditions (specify below)

Declined

|  |  |
| --- | --- |
| Please add any further comments here:  Include any required conditions for continued enrolment and any reasons for declining a requested change. |  |
| Name/e-signature: |  |
| Date: |  |