**Change of Supervisors**

This form should be used when a change to the supervisory team is required for a Doctoral or research Master’s student after the initial appointment of supervisors has been approved. 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, and the External Supervisor Agreement (Section E of this form) must be completed for each external person being added.
* 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.
* 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.

**Section A: Student Details**

*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: |  |

**Section B: Changes to the 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.*

|  |  |
| --- | --- |
| 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, the** [**External Supervisor Agreement**](#ExternalSupervisorSection) **in Section E must also be completed for each external person.**

**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**

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

**Section C: Department/School Agreement**

*This section should be completed by the Head of Department/School and cannot be delegated*

**EFTS Split**

*EFTS splits apply to UC staff only. EFTS splits 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 appointment of this supervisory team and confirm that they have the appropriate expertise and capacity for this project.  *Note: If there are any external supervisors, the HoD/S must also sign* [*Appendix A: External Supervisor*](#ExternalSupervisorSection) *Details for each external person* | 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 D: 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: |  |

**Section E: External Supervisor Agreement**

*This section should be completed by the External Supervisor and Head of Department/School if there are supervisors who are external to UC.*

***If there are multiple external supervisors, this appendix should be duplicated as needed.***

The purpose of this section is to ensure that the interests of the External Supervisor, the student, and the University are adequately protected in these arrangements. External Supervisors should retain a copy of this form for their records.

**External Supervisor Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title and name: |  | | |
| Country: |  | | |
| Work phone: |  | Mobile: |  |
| Email: |  | | |
| Employer: |  | | |
| Role: |  | | |
| Highest qualification: |  | | |
| Have you previously supervised at this level of study? | Yes  No | | |
| ORCID ID and/or link to online research profile: |  | | |

**Terms and Conditions of Appointment**

External Supervisor

* I agree to the supervisory role and will abide by the responsibilities as detailed in the UC [Research Student Supervision Policy](https://www.canterbury.ac.nz/about-uc/corporate-information/policies/research-student-supervision-policy).
* I confirm that I am appropriately qualified and experienced to be a member of the student’s supervisory team.
* I confirm that I shall confer with the Senior Supervisor on a regular basis on dates to be agreed and shall promptly consult at other times on any matters coming to my attention which I believe are likely to significantly affect the quality, direction, or progress of the student’s work.
* I agree to supervise the student for the duration of their candidacy or for a specified period as required. If I am unable to continue with supervision of the student, I will promptly advise the senior supervisor accordingly.
* I agree to maintain a comprehensive and confidential file of relevant documents, emails, correspondence, etc. relating to my supervision of the student.

Yes  No I have entered into a separate agreement with the University regarding intellectual property rights relating to the research.

Yes  No I confirm that my employer is aware of and has agreed to (a) my supervision of the student and (b) the terms of this agreement. Where supervision will occur during paid work hours, I have obtained my employer’s consent.

The University of Canterbury

* Agrees to, through the Senior Supervisor, keep the external supervisor appropriately informed about matters pertaining to the programme and the student.

**Signatures and Authorisations**

|  |  |  |  |
| --- | --- | --- | --- |
| External Supervisor signature: |  | Date: |  |
| UC (HoS/D) signature: |  | Date: |  |