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| http://www.usq.edu.au/extrafiles/marketing/logos/USQ_Ver_1_FullCol.jpg | University of Southern Queensland  CRICOS: QLD00244B NSW02225M TEQSA: PRV12081  **CHANGE OF SUPERVISORY TEAM FORM** |

**To be completed by the student**

|  |  |
| --- | --- |
| Name | Student ID |
| Program | Date proposed  arrangements to commence |
| Faculty | School |

|  |
| --- |
| Title of Thesis |

Please indicate your **current** supervisory team. Insert additional rows in the table to list additional supervisors.

|  |  |
| --- | --- |
| **Role** | **Title and Name** |
| **Principal Supervisor** |  |
| **Associate Supervisor** |  |
| **Associate Supervisor** |  |

Please indicate your **proposed** supervisory team. Insert additional rows in the table to list additional supervisors.

|  |  |
| --- | --- |
| **Role** | **Title and Name** |
| **Principal Supervisor** |  |
| **Associate Supervisor** |  |
| **Associate Supervisor** |  |

What is the **reason for this request**? Please note that the Associate Dean (Research and Research Training) will need this information to approve your request.

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| *I understand that changes to my candidature require the endorsement of my supervisor/s (both current and proposed) and the Associate Dean (Research and Research Training).* | | | | | | |
| Student |  |  |  |  |  |  |
|  | **Name and Title** |  | **Signature** |  | **Date** |  |

**To be completed by the relinquishing Supervisor/s.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *I wish to confirm that I will be ceasing my role as Supervisor for this student.* | | | | | | | | |
| Principal  Supervisor |  |  |  |  |  |  |  |  |
|  | **Name and Title** |  | **Staff ID** (10 digit) |  | **Signature** |  | **Date** |  |
| Associate Supervisor |  |  |  |  |  |  |  |  |
|  | **Name and Title** |  | **Staff ID**  (10 digit) |  | **Signature** |  | **Date** |  |
| Associate Supervisor |  |  |  |  |  |  |  |  |
|  | **Name and Title** |  | **Staff ID**  (10 digit) |  | **Signature** |  | **Date** |  |

**To be completed by all Supervisors in the proposed supervisory team.**

**Note:** Each student will have a minimum of two supervisors, a Principal Supervisor and at least one Associate Supervisor. A Principal Supervisor would normally be a University employee. All supervisors internal to USQ will receive a minimum 20% allocation of supervisory hours. External supervisors without a contractual agreement with USQ may be allocated fewer or zero hours.

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| *I endorse the student’s request. I confirm that I have sufficient expertise, time and resources to be a supervisor of this student. In all matters relating to this student’s supervisory team, I agree to be responsible to the Head of School and Associate Dean (Research and Research Training) and to abide by University rules and policies. I have expressed any concerns in an attached letter.* | | | | | | | | |
| Principal  Supervisor |  |  |  |  |  |  |  |  |
|  | **Name and Title** |  | **Staff ID (10 digit)** |  | **Share of load (%) for this** |  | **Total FTE Supervisory** | |
|  |  |  |  |  | **student** |  | **load** | |
|  | **Signature** |  | **Date** |  |  |  |  | |
|  | | | | | | | | |
| Associate  Supervisor |  |  |  |  |  |  |  |  |
|  | **Name and Title** |  | **Staff ID (10 digit)** |  | **Share of load (%) for this** |  | **Total FTE Supervisory** | |
|  |  |  |  |  | **student** |  | **load** | |
|  | **Signature** |  | **Date** |  |  |  |  | |
|  | | | | | | | | |
| Associate  Supervisor |  |  |  |  |  |  |  |  |
|  | **Name and Title** |  | **Staff ID (10 digit)** |  | **Share of load (%) for this** |  | **Total FTE Supervisory** | |
|  |  |  |  |  | **student** |  | **load** | |
|  | **Signature** |  | **Date** |  |  |  |  | |

**IF** any of the nominated supervisors have not previously been a supervisor at USQ or are not current USQ staff members, please provide the following information so their details can be recorded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name *(including title)* | | | |  | Preferred Name |  | |
| Email | | |  |  | Telephone |  | |
|  | A copy of each new-to-USQ supervisor’s CV is attached. | | | | |

|  |  |  |  |  |  |  |
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| *I acknowledge the change in supervisory team arrangements for the student.* | | | | | |  |
| Head of School / Centre |  |  |  |  |  |  |
|  | **Name and Title** |  | **Signature** |  | **Date** |  |
|  |  |  |  |  |  |  |
| Head of School / Centre |  |  |  |  |  |  |
|  | **Name and Title** |  | **Signature** |  | **Date** |  |

**Note**: To ensure that HDR Supervisors are able to fulfil their function adequately, a maximum allocation of 430 hours per annum of HDR supervision will normally apply.

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| *I endorse the student’s request.* | | | | | | |
| Associate Dean (Research and Research Training) |  |  |  |  |  |  |
|  | **Name and Title** |  | **Signature** |  | **Date** |  |

|  |  |  |  |  |  |  |  |
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| Director (Research Training and Development) or delegate | | | | | | | |
|  | **Approved** |  | **Not Approved** |  |  |  |
|  | | | |  |  | Date |