

Change to Doctoral Candidate's Registration

1. Personal Details

Candidate name:	
ID number:	

2. Change of Supervision

Proposed supervision <i>(please include department/location)</i>	UoA ID	Workload % <i>(this is not an EFTS apportionment form which can be found on the staff intranet)</i>
Main supervisor: <i>(this will be the administrative point of contact for the School of Graduate Studies)</i>		
Joint main supervisor (if applicable):		
Co-supervisor/s:		
Adviser/s: <i>(if external to UoA, please provide email address also)</i>		

3. Suspension

I recommend that the candidate's registration be suspended for a period of calendar months from 1st (month/year) to 1st (month/year)

- Please attach memo providing the appropriate supporting evidence (e.g. medical certificate and/or written explanation).

Important: Candidates studying on a student visa should note that suspensions of longer than three months (within a 12 month period) will result in the cancellation of their visa by Immigration NZ. This may also lead to the cancellation of visas for a spouse and children. Any questions in relation to student visas should be directed to the International Student Information Centre (email: int-questions@auckland.ac.nz).

4. Absence

I recommend that the candidate be permitted to carry out research away from the University of Auckland for a period of calendar months from 1st (month/year) to 1st (month/year).

The absence is required to enable the candidate to:

- Engage in field work Engage in laboratory work
- Engage in research Other (please specify)
- Please attach a detailed timetable of the supervision arrangements for this period.

5. Extension

I recommend that the candidate's registration be extended from 1st (current expiry date)

The candidate is now required to submit on or before 1st (month/year)

- Please attach a detailed timetable for the completion of the thesis and a memo outlining why this extension is necessary. Candidates should be aware that **fees will be payable for the period of the extension**.

6. Part-time/Full-time Registration

I recommend that the candidate's registration be changed to **part-time*** from 1st (month/year)

I recommend that the candidate's registration be changed to **full-time** from 1st (month/year)

- Please attach a memo explaining the change in status requested.

*Please consult the requirements for the doctoral degree you are applying under to ascertain eligibility for part-time candidature.

7. Other Changes (e.g. change of title, registration date or department)

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8. Termination

Candidate:

Please terminate my registration for the degree of from 1st (month/year)

OR:

Head of Department:

I recommend that the candidate's registration be terminated from 1st(month/year)

The termination is requested for the following reason:

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Approval by Candidate and Supervisor

Any changes to the candidate's registration status must be made with the knowledge and consent of both the candidate and their main or co-supervisor by signing below. Termination may be recommended by the Head of Department and approved without the candidate's consent, but only in accordance with Clause 7i of the PhD Statute.

Candidate:

Main or Co-Supervisor:

Signed Date

Signed Date

Name:

Name:

Approval by Head of Department

If change of supervision is for a domestic fee-paying international student, please note:

The domestic status policy states that these students must be supervised by 'a leading researcher in the student's field of study'. They should be 'of very good national, or international, standard and will have a research record appropriate to the student's field of study'.

I confirm that the 'leading researcher' requirement has been met.

Signed Date

Signed Date

Name:

Name:

Dept/School:

Dept/School:

[Where the candidate's registration is interdisciplinary and if a change in supervision is being requested, the signatures of both HoDs are required.]

Endorsement by Faculty

Signed

Date

Associate Dean (Postgraduate)

Name:

Faculty:

Completed forms must be forwarded to the Graduate Centre for approval by the Board of Graduate Studies

Board of Graduate Studies Approval

Signed

Date

Chair, Board of Graduate Studies

Comment: _____
