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| Change to Doctoral Candidate’s Registration |

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| --- | --- |
| Personal Details | |
| Candidate name: |  |
| ID number: |  |

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

1. **Suspension**

I recommend that the candidate’s registration be suspended for a period of  from

1st   to 1st

*Please attach memo providing 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 3 months may 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](mailto:int-questions@auckland.ac.nz)).

1. **Absence**

I recommend that the candidate be permitted to carry out research away from the University of Auckland for a period of from 1st to 1st  . 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.*

1. **Extension**

I recommend that the candidate’s registration be extended from the current expiry date of

1st . The candidate is now required to submit on or before 1st

*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****.*

1. **Part-time/Full-time Registration**

I recommend that the candidate’s registration be changed to **part-time\*** from 1st

I recommend that the candidate’s registration be changed to **full-time** from 1st

*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.

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

1. **Termination**

*Candidate:*

Please terminate my registration for the degree of  from 1st

***OR:***

*Head of Department:*

I recommend that the candidate’s registration be terminated from 1st

The termination is requested for the following reason:

**Approval by Candidate and Supervisor**

Any changes to the candidate’s registration status should 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: Click here Signed Date: Click here

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: Click here Signed Date: Click here

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 by Associate Dean (Postgraduate) Date: Click here

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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