# HDR18 – higher degrees by research change to candidature

This form is to be used by Candidates wishing to change topic, Supervisor, completion date or study mode. Changes to candidature must be approved by the Research Committee. It must be filled electronically, printed, signed by all parties and returned to the above email address.

## Section 1 – CANDIDATE details

|  |  |
| --- | --- |
| Student number |  |
| Surname |  |
| Preferred name |  |
| Email |  |
| Title e.g. Mr, Miss, Dr |  |
| Given names |  |
| Date of birth |  |
| Phone no. |  |

|  |  |
| --- | --- |
| Higher Degrees by Research program | Masters of Indigenous Perspectives  Doctor of Philosophy Indigenous Perspectives |
| Title of research |  |
| Primary Supervisor |  |

|  |  |
| --- | --- |
| Start date |  |
| Proposed completion date |  |

## Section 2 – type of variation requested Please note that a change in candidature may affect a candidate’s eligibility for Abstudy/Austudy or scholarship funding. It is the candidate’s responsibility to check this with the appropriate authorities.

1. Request to vary research/thesis topic (Please provide a detailed explanation of the new direction of your research below).

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2. Request to vary Primary Supervisor or Panel Member/s (Please indicate the name/s of the proposed new Supervisor/s. It is recommended that you speak to your Primary Supervisor or the Graduate School Director about your options before contacting the person to ascertain their interest and availability.

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3. Request to vary designated completion date. (Please indicate why this request is being made. Indicate new completion date).

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4. Change from part-time to full-time or vice versa

Change study mode from:  Part-time study to full-time   Full-time study to part-time

|  |  |
| --- | --- |
| What date does this start? |  |

## Section 3 – primary SUPERVISOR endorsement

|  |  |
| --- | --- |
| Name |  |
| Faculty/Division |  |

I,       have discussed the proposed changes with the Candidate, and I:

Support the request

Do not support the request for the following reasons:

Signature Date

## Section 4 – research COMMITTEE RECOMMENDATION

Request is approved   Yes   No

Decision forwarded to Candidate   Yes   No Date

Comments or follow up necessary:

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| --- |
|  |

Chairperson signature Date