



Noting of Supervisor Change by the Higher Degrees Committee

Faculty			
Department			
Qualification for which student is registered			
Offering type	Full time registration		Part time registration
Prior qualification			

Student Surname			Student No.	
First Names			Title (Mr, Ms)	
Postal Address				
Tel (W)	Tel (H)	Cell	Fax	e-Mail

Title of Dissertation/ Thesis			Full	
			Partial	
	Dissertation/Thesis			
Proposed Change of Supervisor/s				
Motivation for Change of Supervisors				

HoD		Signed: _____ Date: _____
Supervisor		Signed: _____ Date: _____
Co-Supervisor		Signed: _____ Date: _____
New Supervisor/ Co-Supervisor		Signed: _____ Date: _____
Student		Signed: _____ Date: _____

Date change of supervisor/s approved by FRC	
Signature of Chairperson FRC	

Date change of supervisor/s noted by HDC	
Signature of Chairperson HDC	

Routing	HoD		Supervisor/s		Student		FRC		HDC	
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