



SCHOOL OF GRADUATE STUDIES

REQUEST FOR CHANGE OF SUPERVISOR

Student Name:	Registration No.
Programme	
Title of Research Work	
.....	
.....	
Name of Current Supervisor:	
Reason for the proposed change:	
Supervisor to indicate the progress made with the student	
Supervisor's Signature	Date:
Student Signature:	Date:
Name of the New Supervisor	
Dean of Faculty/School	
	Name -----
Signature	Date -----
Dean School of Graduate Studies	
	Name -----
Signature	Date -----