**APPOINTMENT OF SUPERVISOR OR**

**Please note that if a co-supervisor is added or the role of the current contracted supervisor is changed, changes to the contracted amount for the external supervisor will take effect.**

**CHANGE OF SUPERVISOR FORM**

**2021**

This form is to be completed by either the Postgraduate Coordinator in the department or Supervisor of the student. Replace all information in red with the correct information pertaining to the application. Also provide reasons where required. **COD AND DIRECTOR** signature required and obtained by the supervisor who is requesting the change.

Date: 15 February 2021

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student details** | **Initials** |  | **Surname** |  | |
| **Student number** |  | | **Qualification** | |  |
| **Topic/Title of the dissertation/thesis** | | | | | |

**Complete this section for all appointments of supervisors and co-supervisors for each student in 2021**

**Supervisor to be appointed: (Please complete and attach CV if the supervisor is an External supervisor)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | | Surname | |  | |
| Appointment as Internal supervisor | | | |  | | Appointment as External supervisor | |  |

**Co-supervisor to be appointed: (Please complete and attach CV if the co-supervisor is an External supervisor)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Surname | |  | |
| Appointment as Internal supervisor | | | |  | Appointment as External supervisor | |  |

I **agree/do not agree** **to supervisor** the student I **agree/do not agree to co-supervise** the student

Title, Initials and surname Title, Initials and surname  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE THE FOLLOWING SECTIONS A and THEN COMPLETE EITHER SECTION B OR C IF CHANGES ARE MADE TO ALREADY APPOINTED SUPERVISORS FOR 2021**

**A Current Main supervisor:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | | Surname | |  | |
| Appointment as Internal supervisor | | | |  | | Appointment as External supervisor | |  |

**A Current Co-Supervisor:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | | Surname | |  | |
| Appointment as Internal supervisor | | | |  | | Appointment as External supervisor | |  |

**B Details of supervisor to be replaced:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Surname |  | | | | |
| Explain why this supervisor is being replaced | | | |  | | | | | |
| Has this supervisor agreed to being replaced? | | | | | | Yes |  | No |  |

**B Details of the supervisor to be appointed as replacement: (Please complete and attach CV if the supervisor is an External supervisor)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | | Surname | |  | | | | | | |
| Appointment as Internal supervisor | | | |  | | Appointment as External supervisor | | | | | | |  |
| As Main supervisor | | |  | | As Co-supervisor | | | | |  | | | |
| Give reasons why this supervisor is being appointed | | | | |  | | | | | | | | |
| Has the nominated replacement agreed to be appointed? | | | | | | | | Yes |  | | No |  | |

**C Details of the additional supervisor to be appointed (this may be an additional co-supervisor to and already existing co-supervisor: (Please complete and attach CV if the supervisor is an External supervisor)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | | Surname | |  | | | | | |
| Appointment as Internal supervisor | | | |  | | Appointment as External supervisor | | | | |  | |
| Give reasons why an additional co-supervisor is being appointed | | | |  | | | | | | | | |
| Has the proposed co-supervisor agreed to the appointment? | | | | | | | | Yes |  | No | |  |

I **agree/do not agree** **to supervisor** the student I **agree/do not agree to co-supervise** the student

Title, Initials and surname Title, Initials and surname  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form submitted by:

**---------------------------------------- Date: -----------------------------**

**(Title, Initials and Surname)**

**Supervisor or Postgraduate coordinator (Indicate correct designation)**

**Department of (Complete)**

**FOR COD**

|  |  |
| --- | --- |
| **Recommend** |  |
| **Not Recommended** |  |

**Comment if required**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**---------------------------------------------- (Signature) Date: --------------------------**

**(Title, Initials and Surname)**

**COD: Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR Director of School**

|  |  |
| --- | --- |
| **Recommend** |  |
| **Not Recommended** |  |

**Comment if required**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------------------- (Signature) Date: ----------------------------**

**(Title, Initials and Surname)**

**Director: School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note that if a co-supervisor is added or the role of the current contracted supervisor is changed, changes to the contracted amount for the external supervisor will take effect.**

Staff member to submit form to COD and Director for signature. Thereafter submit form to Mrs Emelda Pimentel, [pimente1@unisa.ac.za](mailto:pimente1@unisa.ac.za) . Thereafter the form will be processed by CORGS.