

APPLICATION FOR CHANGE OF SUPERVISOR *RF-MP-SV/2019*

Notes to Student

- 1 The request to change supervisor/s is **only allowed for Project 1**.
- 2 In the case of **Project 2** the request will only be considered for students who had failed in the previous semester.
- 3 The change of supervisor is only allowed once.
- 4 This application form should be submitted to RF Academic office (attention: Ms Syida) **before end of week 5** of the current semester. Late request will not be entertained.

I. PARTICULARS OF STUDENTS

Name: _____

Student ID: _____

Program: MEBM ☐ EMOSHM ☐ OTHERS ☐ (please specify):

(/) Tick the relevant box

II. APPLICATION DETAILS (*Please cancel as appropriate)

Name(s) of Current Supervisor(s) <i>(/) Tick the relevant box</i>	<input type="checkbox"/> Main Supervisor: _____ <input type="checkbox"/> Co-supervisor: _____
Name of Proposed Supervisor	Main Supervisor / Co-supervisor *: _____ Email and department: _____
Reasons for change request	_____ _____ _____ _____
Date	_____

I am requesting to replace the current supervisor/co-supervisor for the reason/s stated above. I take responsibility for any problem (including personal), which may affect the progress, quality and completion of my study, if that should occur as a result of this request.

Signature (student): _____

Date: _____

DECLARATION BY CURRENT SUPERVISOR

1. I am / am not* willing to release my role as the **Main Supervisor/Co-supervisor***. Reason/s:
.....
2. I am / am not * encouraging the decision made by the student.

Name: _____

Signature (current supervisor): _____

Date: _____

V. DECLARATION BY PROPOSED SUPERVISOR

1. I accept the proposal to become the **Main Supervisor/Co-supervisor*** for this student. I am confident of my competence in guiding him/her until completion of the project.
2. I am not over-loaded with other supervision tasks assigned to me. If it is so, I will get the consent from the Postgraduate Academic Manager.

Name: _____

Signature (proposed supervisor): _____

Date: _____

V. DECLARATION BY MASTERS PROJECT COORDINATION PANEL

We confirm that the change of supervisor is supported by the Masters Project Coordination Panel, with the consent from the Postgraduate Academic Manager and the Head of Masters Project Coordinator. We are confident that the new supervisor/s has/have the necessary expertise to guide the student through the rest of the project period.

Signature: _____
(Masters Project Coordinator)

Date: _____