|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Change Requests/Variation of record | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Student ID No** | |  | | **Name** | |  | | | |
| **Faculty** | | Choose a Faculty | | **School/Dept** | |  | | | |
| **Programme** | |  | |  | | | | | |
| **Commencement Date** | |  | | **Submission Due Date** | |  | | | |
| **Supervisor Type (select option)** | |  | | **Supervisor Type (select option)** | |  | | | |
| **Supervisor Type (select option)** | |  | | **Mentor Supervisor** | |  | | | |
| **Research Title** | |  | | | | | | | |
| **Has a ‘Supervision Agreement’ been completed?**  *Supervisory agreements are compulsory* | | | | | | **Yes** |  | **No** |  |
| **Has anything changed that requires an amendment to the supervisory agreement?** | | | | | | **Yes** |  | **No** |  |
| **Research Component** | Choose an item. | |  | | **Research Format** | Choose an item. | | | |
|  | | | | | | | | | |

|  |
| --- |
|  |
|  |
|  |

*Select option below to move to the section of the form:*

|  |
| --- |
|  |
|  |

# [Variations to Candidature](#_Variations_to_Candidature)

|  |
| --- |
|  |
|  |

# [Supervisory Changes](#_Supervisory_Changes)

|  |
| --- |
|  |
|  |

# [Approvals and Sign Off (Required)](#_Approvals_and_Sign)

|  |
| --- |
|  |
|  |

# Variations to Candidature

**Note:**

* ***Changes to your enrolment may have an effect on student loans and allowances. If you have student loan living costs please contact StudyLink to check your ongoing eligibility.***
* ***Changes to mode of study (e.g. full-time to part-time) will only occur at the end of your current enrolment period.***
* ***Deferment is normally granted for a maximum of 1 year from the admission date ( prior to enrolment).***
* ***Leave of Absence is normally granted for a maximum of 1 year throughout the programme***
* ***If changing Faculties this form should be signed by the new Faculty***
* ***If applying for an extension please attach an updated timeline for completion and complete a progress report (if not completed within the last 3 months)***
* ***If applying for an extension, students are required to pay an enrolment fee on a prorata basis for the extension***
* ***Where applicable, international students are responsible for ensuring they have sufficient time to apply for an extension to their visa***
* ***For doctoral students, changing the format of your thesis may require a new Confirmation of Candidature form to be submitted. Please consult with your supervisor for guidance.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Leave of Absence** | | From |  | | To |  |  | | |
|  | **Extension** | | New Submission Date |  | |  |  |  | | |
| ***Note: Students requesting an extension will need to complete a*** [***progress report***](https://student.aut.ac.nz/postgraduate-research/pg-forms-policies-and-processes/postgraduate-forms) ***(if not completed within the last 3 months) or an updated timeline (if completed a progress reports within the last 3 months).*** | | | | | | | | | | |
|  | **Defer Programme**  **Commencement** | | Expected  Start Date |  | |  |  |  | | |
|  | **Withdrawal** | | Effective  Date |  | |  |  | | | |
|  | **Change of Format** | | New Format: | **Choose an item.** | | |  | | | |
|  | **Off-Campus Registration** | | I intend to study off-campus: | | Temporarily | |  | Permanently | |  |
|  |  | | Dates you will be off-campus | | From: | |  | To |  | |
|  |  | | Where will you be based? | | City: | |  | Country |  | |
|  | **Mode of Study**  **(Full-time/Part-time)** | | **Select option** | | | | | | | |
|  | **Notes:** | | This change will commence at the end of your current enrolment. | | | | | | | |
|  |  | | International students are required to be enrolled full-time due to the terms of their visa. | | | | | | | |
|  |  | | Amended timelines will be communicated to you following approval of your request. Doctoral students must have been enrolled and paid for a minimum of three years full-time or six years part-time (equivalent to 3EFTS) in order to submit for examination. | | | | | | | |
| **Rationale for request:** | |  | | | | | | | | |
| *Provide as much detail as possible and include an updated timeline* | |  | | | | | | | | |

|  |
| --- |
|  |
|  |
|  |

# 

# Supervisory Changes

**Note:**

* ***Where a supervisor has not supervised to completion a mentor should normally be appointed.***

*Detail the* ***new*** *supervisory team*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| detail the new appointments to the supervisory team | | | | |
|  | | | | |
| ***You must select EITHER primary/secondary structure OR co-supervisor structure throughout, not a mix of both.*** | | | | |
|  | | | | |
| **Supervisor Type (select option)** |  | **Supervised to Completion** | **Yes** | **No** |
| **Supervisor Type (select option)** [**i**](#Sturcture) |  | **Supervised to Completion** | **Yes** | **No** |
| **Supervisor Type (select option)** |  | **Supervised to Completion** | **Yes** | **No** |
| **Mentor Supervisor**  **(delete as applicable)** |  | **Supervised to Completion** | **Yes** | **No** |
| **Provide details of removed supervisors:** |  | | | |
| **Reason for Change:** |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Details of external supervisor | | | | | | |
|  | | | | | | |
| *Note: If the external supervisor does not have a direct line manager, or manages their own workload (i.e. is an independent contractor), approval from a line manager is not required and an email detailing this is sufficient.* | | | | | | |
|  | | | | | | |
| **External Supervisor** |  | **Supervised to Completion** | | | **Yes** | **No** |
| **Contact Email Address** |  | | | | | |
| **External Supervisor Signature** |  | **Date** |  | | | |
| **Line Manager Signature**  ***OR An approval email has been received from line manager?*** |  | **Date** |  | **Or email - Yes** | | |
|  | | | | | | |

|  |
| --- |
|  |
|  |

[Move to Start of Form](#_top)

[Move to Variations Section](#_Variations_to_Candidature)

[Move to the Signature Section](#_Approvals_and_Sign)

|  |
| --- |
|  |

# Approvals and Sign Off (Required)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| school and faculty approvals | | | | | | | |
|  | | | | | | | |
| **Student** |  | | **Signature** | |  | **Date** |  |
|  | | | | | | | |
| ***Primary/Co-Supervisor declaration: I confirm that I have consulted with the supervisory team on the student’s change requests, and am signing the change request form on behalf of the supervisory team.*** | | | | | | | |
| **Supervisor Type (select option)** |  | | **Signature** | |  | **Date** |  |
| **Mentor Supervisor** |  | | **Signature** | |  | **Date** |  |
| **Associate Dean Postgraduate** |  | | **Signature** | |  | **Date** |  |
| **Dean GRS** |  | | **Signature** | |  | **Date** |  |
| Additional approvals for Supervisory Changes | | | | | | | |
| ***A reminder that the supervision team should be EITHER primary/secondary*** ***structure OR co-supervisor structure throughout, not a mix of both.*** | | | | | | | |
| **Supervisor Type (select option)** [**i**](#Sturcture) | |  | | **Signature** |  | **Date** |  |
| **Supervisor Type (select option)** | |  | | **Signature** |  | **Date** |  |
| **Supervisor Type (select option)** | |  | | **Signature** |  | **Date** |  |
| **Head of School (Primary/Co-Supervisor (admin lead)** | |  | | **Signature** |  | **Date** |  |
| **Head of School of Secondary/Co-Supervisor**  **(when supervisor is located in a different department/ school/faculty)** | |  | | **Signature** |  | **Date** |  |
| **I confirm that the original supervisors have been informed of this change:** | | | | | | **Yes** |  |
|  | | | | | | | |

|  |
| --- |
|  |
|  |
|  |

Move to Top of Form

[Move to Variations Section](#_Variations_to_Candidature)

[Move to Change of Supervisor Section](#_Supervisory_Changes)