

CHANGES TO SUPERVISORY TEAM

This form should be completed if your supervisory arrangements have changed or are about to change. It is vital that the contact details for any new member of your supervisory team are provided in full, especially if external to the University of Sydney.

The following regulations for supervision arrangements have been determined by the Academic Board and College of Health Sciences. **It may be necessary to re-arrange the supervisory team and/or appoint new supervisors in order to comply with these regulations. Please read these carefully.**

- (a) Co-supervision is no longer permitted. Existing candidates may, however, retain co-supervisors until end of candidature.
- (b) All research students must have a supervisor and at least one associate supervisor at all times.
- (c) The supervisor must have a formal affiliation within the discipline in which the student is enrolled. In addition to this recommendation at least one of the supervisory team must be a salaried member of staff or have a conjoint appointment. Where supervisors hold clinical titles with the Faculty, an associate supervisor who is either a salaried member of staff or a conjoint appointment must be appointed. Where necessary the Postgraduate Co-ordinator may be appointed as an additional associate supervisor to fulfil this requirement.
- (d) Associate supervisors may be anybody relevant to the candidature provided recommendations (b) and (c) above are satisfied.
- (e) Any number of associate supervisors may be appointed provided recommendations (b) and (c) above are satisfied.

Once the form is complete and has been signed by the relevant supervisory team members as well as the Postgraduate Co-ordinator, please forward to the Postgraduate Student Administration Unit, Edward Ford Building (A27), University of Sydney, NSW 2006.

CHANGES TO SUPERVISORY TEAM FORM

Student details:

Family Name: _____ Given Names: _____ SID: _____
Degree: _____

Please indicate the supervisory change taking place:

Replacement of Supervisor

Replacement of Associate Supervisor*

*Please give name of Associate Supervisor being replaced: _____

Additional Associate Supervisor

New Supervisor/Associate Supervisor details:

Family Name: _____ Given Names: _____ Title: _____

Affiliation with University of Sydney: USyd Staff member - Staff No.: _____

Academic Title Holder

Conjoint Appointee

Clinical Title Holder

Other (please give details) _____

Academic Discipline: _____ School: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

Approval of Supervisor (only required for Associate Supervisor changes):

I approve of the above supervisory arrangements.

Name (Supervisor) Signature (Supervisor) Date

Approval of Postgraduate Co-ordinator / Head of Discipline:

I approve of the above supervisory arrangements.

Name (Postgraduate Co-ordinator) Signature (Postgraduate Co-ordinator) Date

OFFICE USE ONLY Approval of Board of Postgraduate Studies:

I approve of the above supervisory arrangements.

Signature (Chair): _____ Date: _____