**APPLICATION FOR CHANGE OF SUPERVISOR(S)**

**OR APPOINTMENT OF JOINT SUPERVISOR(S)**

**(D.Phil., M.Litt., M.Sc. By Research, M.Phil. in Law, MPhil Socio-Legal Research)**

***Staff notice:*** *This form contains personal data and may contain sensitive information. Please ensure that downloaded or printed copies are stored securely. Please retain information only for as long as you need it and then dispose of it confidentially. Further advice about handling student data can be found here: (*[*https://academic.admin.ox.ac.uk/student-data*](https://academic.admin.ox.ac.uk/student-data)*).*

Please return this form to the relevant Graduate Studies Assistant ([*http://www.ox.ac.uk/students/academic/guidance/graduate/contacts*](http://www.ox.ac.uk/students/academic/guidance/graduate/contacts)

*for details)*.

**SECTION 1 –** Declaration of consent *(to be signed by the student)*

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| --- | --- | --- |
| I understand that the information and any materials that I supply in support of this application will be processed by the University in accordance with the Student Privacy Policy <https://compliance.admin.ox.ac.uk/student-privacy-policy>. I consent to my information being used for the purposes of this application. | | |
| **I consent to disclosure within the above limits** | | ❑   **Yes**           ❑   **No** |
| **Signature of Student:** |  | |

**SECTION 2 –** to be completed by the student. Please use **BLOCK CAPITALS.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | Title (Mr/Mrs/Miss/Ms/etc): |  | |
| First Name (in full): | |  | | | Student Number: |  | |
| College: | |  | | Department: |  | | |
| Telephone number: | |  | | Email address: |  | | |
| **Funded students:** Are you in receipt of a studentship/scholarship (e.g. Research Council)? | | | | | | | |
| ❑ **Yes** ❑ **No** | | | | Name of funding body: |  | | |
|  | | | | | | | |
| **Current supervision arrangements** (please provide name, department and email address for **all** current supervisors) | | | | | | | |
|  | Name & Title | | Department | | Email Address | | P |
| 1 |  | |  | |  | |  |
| 2 |  | |  | |  | |  |
| 3 |  | |  | |  | |  |
| 4 |  | |  | |  | |  |

*P – please indicate primary supervisor (if applicable)*

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| **New supervision arrangements** (please provide information for **all** future supervisors, including current supervisors who will remain in role) | | | |
| **Supervisor 1** | | | |
| Full name and title: |  | Department |  |
| Email address: |  | | |
| **SSO**: |  | **NOTE: Failure to provide a SSO may lead to delays in the processing of this application** | |
| Primary supervisor? | ❑ **Yes** ❑ **No** | **Please clearly indicate only 1 primary supervisor.** | |

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| **Supervisor 2** (If applicable) | | | |
| Full name and title: |  | Department |  |
| Email address: |  | | |
| **SSO**: |  | **NOTE: Failure to provide a SSO may lead to delays in the processing of this application** | |
| Primary supervisor? | ❑ **Yes** ❑ **No** | **Please clearly indicate only 1 primary supervisor.** | |

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| **Supervisor 3** (if applicable) | | | |
| Full name and title: |  | Department |  |
| Email address: |  | | |
| **SSO**: |  | **NOTE: Failure to provide a SSO may lead to delays in the processing of this application** | |
| Primary supervisor? | ❑ **Yes** ❑ **No** | **Please clearly indicate only 1 primary supervisor.** | |

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| **Student’s reason for the proposed change (if applicable):** please continue on separate sheet if necessary | | | | | | | |
|  | | | | | | | |
| Signature: |  | | | | Date: | |  |
| **SECTION 3 –** to be completed by the new or additional supervisor(s\*) | | | | | | | | |
| Full Name: | | |  | | | | | |
| Department/College & **Single Sign On** ID (if internal) | | |  | | | | | |
| Home institution (if external) | | |  | | | | | |
| Term of Effect | | |  | | | | | |
| Reason for proposed change: | | | | | | | | |
| Signature: | |  | | Date: | |  | | |
| *\*If more than one supervisor is being added, please print the last page of this form and give it to the supervisor(s) concerned to complete and then attach with the rest of the completed form* | | | | | | | | |

**SECTION 4** – to be completed by the current supervisor(s\*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: | |  | | | | |
| Comments: | | | | |
| I confirm that I support this application: | | | | |
| Signature: |  | | Date: |  |
| *\*If more than one supervisor is being added, please print another copy of this page and give it to the supervisor(s) concerned to complete and then attach with the rest of the completed form* | | | | | |

**SECTION 5** – to be completed by the Director of Graduate Studies (or equivalent)

|  |  |  |  |
| --- | --- | --- | --- |
| **I certify that this application has the approval of the candidate’s department** | | | ❑ Yes ❑ No |
| Signature of DGS: |  | Date: |  |
| Full Name: |  | | |

**SECTION 6** to be completed by the Department Administrator if the new supervisor is external to the University

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| --- | --- |
| Please provide the **Single Sign On** as set up through a [Virtual Access](https://estates.admin.ox.ac.uk/card-applications#collapse1179236) account (NB. the new supervisor cannot be added to the student’s record without the SSO) |  |

**Notes:** [**Student Systems Support Centre**](mailto:student.systems@admin.ox.ac.uk) **will need to add the external supervisor to SITS before they can be added to a student’s record. Please refer to your Division/Department process for this.**

GSO.25. Updated December 2023

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| **SECTION 3 (continued if required) –** to be completed by new or additional supervisor(s\*) | | | | |
| Full Name: | |  | | |
| Department/College & **Single Sign On** ID (if internal) | |  | | |
| Home institution (if external) | |  | | |
| Term of Effect | |  | | |
| Reason for proposed change: | | | | |
| Signature: |  | | Date: |  |
| *\*If more than one supervisor is being added, please print required copies of this page and give it to the supervisor(s) concerned to complete and then attach with the rest of the completed form* | | | | |