

**Please forward to Executive Officer, COGS, when ALL signatures have been obtained.**

A change of supervisor is not effective until this form has been completed and approved by the new and departing supervisor(s) and the Head of Department.

Please ensure your application complies with all regulations relating to your degree. Information regarding each degree is in the handbook provided at the time of enrolment.

The University's privacy statement can be viewed at <http://www.monash.edu.au/legals/privacy.html>

**SECTION 1 – TO BE COMPLETED BY CANDIDATE**

Student #:  Department:

Degree: MFA  MA  MDES

Family Name:  Title:

Given Names:

Postal Address:

Monash email:

Telephone: AH:  BH:

	TITLE	GIVEN NAME(S)	FAMILY NAME
I want to ADD:	_____	_____	_____
	_____	_____	_____
and / or			
I want to DELETE:	_____	_____	_____
	_____	_____	_____

For multiple supervisors, please indicate rank order:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: / /

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**SECTION 2 – To BE COMPLETED BY NEW SUPERVISOR**

COMMENTS:

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: / /

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**SECTION 3 – To BE COMPLETED BY 2<sup>ND</sup> NEW SUPERVISOR**

COMMENTS:

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: / /

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**SECTION 4 – To BE COMPLETED BY PREVIOUS SUPERVISOR (MAY BE A CONTINUING SUPERVISOR IF NO SUPERVISOR IS BEING DELETED)**

COMMENTS:

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: / /

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**SECTION 5 – To BE COMPLETED BY HEAD OF DEPARTMENT**

COMMENTS:

Head of Department's Name \_\_\_\_\_

Head of Department's Signature: \_\_\_\_\_

Date: / /

***Please forward to Executive Officer, COGS***

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**SECTION 6 – COGS ENDORSEMENT**

Approved

Not Approved

Callista Entered:

Executive Officer's Signature: \_\_\_\_\_

Date: / /