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|  | TECHNICAL UNIVERSITY OF MOMBASA | | |
| | Document: Form | | Ref No.: TUM/Form/SGS/016 |
| | Title: REQUEST FOR CHANGE OF SUPERVISOR | | |
| | Department: SCHOOL OF GRADUATE STUDIES | | |
| | Issue No. 1 | Revision No. 0 | Date: 5th April 2018 |

The Higher Degree Regulations require each student to have a principal and co-supervisor appointed from within the school. Therefore, if a change of a principal or co-supervisor is proposed, please complete this form and send it to the Director of SGS to be approved.

SECTION A

To be completed by the student

| | | | |
|------------------|---|----------|---|
| Name | : | Reg. No. | : |
| Degree Programme | : | School | : |
| Date of Change | : | | |

| | | | |
|----------------------------|---|--|--|
| Current Supervisor(s) | : | | |
| | : | | |
| | : | | |
| Proposed New Supervisor(s) | : | | |
| | : | | |
| | : | | |
| Reason for Proposed Change | | | |

SECTION B

To be completed by the Dean/Director of School/Institute

I approve the change of Supervisor(s) as detailed above.

| | | | |
|--------|---|------|---|
| Signed | : | Date | : |
|--------|---|------|---|

(Dean of School/Faculty)

SECTION C

To be completed by the Director of School of Graduate Studies

I approve the change of Supervisor(s) as detailed above.

| | | | |
|--------|---|------|---|
| Signed | : | Date | : |
|--------|---|------|---|

(Director, SGS)

Once completed, please return to the Research Student Administration Office



TUM is ISO 9001:2015 Certified