

**UNIVERSITY OF DUBLIN
TRINITY COLLEGE
GRADUATE STUDIES OFFICE
REQUEST FOR CHANGE OF SUPERVISOR AND SCHOOL**

Please complete this form fully so that the Graduate Studies Office has an updated record of student supervisors. Completed forms to be returned to the Dean of Graduate Studies Office, Arts Building, Trinity College, Dublin.

FULL NAME OF STUDENT:

STUDENT NUMBER:

PROGRAMME:

YEAR:

NAME & SIGNATURE OF PREVIOUS RESEARCH SUPERVISOR (OUTGOING):

NAME & SIGNATURE OF HEAD OF SCHOOL:

NAME & SIGNATURE OF DIRECTOR OF TEACHING & LEARNING PG:

NEW SUPERVISOR (to be appointed):

SIGNATURE OF NEW SUPERVISOR:

DATE OF COMMENCEMENT OF NEW SUPERVISION (1 October 200_ or 1 April 200_):

NAME & SIGNATURE OF HEAD OF SCHOOL:

NAME & SIGNATURE OF DIRECTOR OF TEACHING & LEARNING PG:

REASONS FOR CHANGE:

DATE OF REQUEST:

SIGNATURE OF DEAN OF GRADUATE STUDIES: