



Candidate

Legal Name in Full :

(as shown on your passport)

Title

First Name(s)

Surname

Date of Birth :

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>D</i>	<i>D</i>		<i>M</i>	<i>M</i>		<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

Course :

☐ MTh (Res)☐ DMin☐ PhD

Email address :

Current College and Supervisory Team

Current Supervising College :

Current Principal Supervisor :

Name :

Email :

Current Co-supervisor :

Name :

Email :

Current Co-supervisor 2 (if applicable) :

Name :

Email :

Changes to College and/or Supervisory Team

Are you applying to change AUT colleges?

☐

Yes

☐

No

If yes, to which college?

Are you applying to change your supervisory team?

☐

Yes

☐

No

If yes, what is the composition of your proposed supervisory team?

Proposed Principal Supervisor :

Name :

Email :

Proposed Co-supervisor :

Name :

Email :

Proposed Co-supervisor 2 (if applicable) :

Name :

Email :

Please state a reason for changing college and/or supervisory team

Signatures

This form is to be signed by the members of your proposed supervisory team and the postgraduate coordinator/registrar of the proposed supervising college.

Signature of student :

Date:

Principal Supervisor :

Date:

Signature of Co-Supervisor :

Date:

Signature of Co-Supervisor 2 (if applicable) :

Date:

Signature of Postgraduate Coordinator/Registrar :

Date:

