

FACULTY OF HEALTH, ENGINEERING AND SCIENCE
NOMINATION of SUPERVISORS
(Honours)

STUDENT Name: _____ **Student No #** _____

Name of Degree: _____

Is this form being used to nominate a Change of Supervisor **Yes** **No**

PRINCIPAL Supervisor *Title:* _____ *Name:* _____

School: _____ *Academic Qualls:* _____

Research Active *: Yes No
*(ie has won a research grant, OR published refereed papers/chapters/books OR supervised higher degree by research students to completion)

I agree to supervise this candidate: _____ *Date:* ___/___/___

ASSOCIATE Supervisor *Title:* _____ *Name:* _____

School: _____ *Academic Qualls:* _____

Research Active *: Yes No
*(ie has won a research grant, OR published refereed papers/chapters/books OR supervised higher degree by research students to completion)

I agree to supervise this candidate: _____ *Date:* ___/___/___

Supervisor *Title:* _____ *Name:* _____

School: _____ *Academic Qualls:* _____

Research Active *: Yes No
*(ie has won a research grant, OR published refereed papers/chapters/books OR supervised higher degree by research students to completion)

I agree to supervise this candidate: _____ *Date:* ___/___/___

Nominations supported by: _____ *(Student)* *Date:* ___/___/___
Nominations approved by: _____ *(Head of School)* *Date:* ___/___/___

PLEASE SEND THE COMPLETED FORM TO YOUR HEAD OF SCHOOL FOR APPROVAL