**FORM - I**

**TEZPUR UNIVERSITY**

**(Application for a new supervisor/change of supervisor)**

**(To be filled by the student)**

1. Name and Roll No:

2. School:

3. Department:

4. Category (Please tick): Full time/ Part time/ Sponsored/ Project fellow

5. a) Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Name of Co-Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date of Enrolment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Ph.D. registration completed: Yes/No. If yes Regn. No.\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

8. Title proposed at the time of submission of Plan of Research:

9. Stage of Research: (Tick the relevant one)

a. Literature survey

b. Registration done

c. Field work / data collection

d. Analysis

e. Writing the thesis

10. Name of the new supervisor/co-supervisor proposed:

11. Reason for the change sought (Tick any one):

a. Leaving the University

b. Long sickness

c. Technical

d. Superannuation

e. Long leave (for more than 1 year)

f. Demise

g. Others (specify)

12. In case of change, comments of existing supervisor {in the case of 11 (f) not applicable}

13. Comment of the proposed new Supervisor:

14. Comment of HoD in case of the proposed change to other department (indicating his /her consent or otherwise with specific reason) :

Signature of the Student

Date \_\_\_\_\_\_\_\_\_\_\_\_

**For office use only**

a. Comments of existing supervisor/co-supervisor (except in case 11 f.)

*I do not have any objection to the change.*

Signature

Supervisor/Co-supervisor

b. Comment of the proposed supervisor/co-supervisor

*I agree to supervise the work.*

Signature

Supervisor/Co-supervisor