

Graduate School
The Education University of Hong Kong
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Application for Change of Supervisor

Graduate School Doctor of Education



Important Notes:

1. Before completing this form please read the supervisory arrangements for professional doctorate students as stipulated in Section 1 of GAR carefully (for research components).
2. Submit the completed form to the Graduate School after obtaining all signatures.
3. Confirmation e-mail on the supervisory arrangement will be sent to student, supervisors, Specialized Area Coordinator, and relevant Head of Department upon approval by the Programme Committee.

1 Personal Particulars

Name: _____ Intake: _____ Student ID: _____
Surname Given Name(s)

Specialized _____ Study Mode: _____ Phone Number: _____
 Area: _____

2 Proposed Change on Principal Supervisor [if applicable]

Original Principal Supervisor	
Department & Position	
Proposed New Principal Supervisor	
Department & Position	
E-mail & Phone Number	
<ul style="list-style-type: none"> • Has the proposed principal supervisor supervised (either as principal or co-supervisor) any doctoral student(s) through to completion? <input type="checkbox"/> Yes <input type="checkbox"/> No • If the answer is "No" to the above question, please invite an Associate Supervisor with the above supervision experiences. 	

3 Proposed Change on Associate Supervisor [if applicable]

Original Associate Supervisor	
Department & Position	
Proposed New Associate Supervisor	
Department & Position	
E-mail & Phone Number	
<p><u>Clarification:</u> (To be completed by the proposed Associate Supervisor)</p> <p><input type="checkbox"/> I have supervised (either as principal or co-supervisor) any doctoral student(s) through to completion.</p> <p><input type="checkbox"/> If the Principal Supervisor did not have the aforementioned supervisory experience, I agree to be responsible to mentor the Principal Supervisor through to the completion.</p>	

4 Reason(s) for the Application of Change of Supervisor(s)

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5 Signatures

I am willing to be supervised by the above proposed new supervision team.

Student Name: _____ **Signature:** _____ **Date:** _____

I *support / do not support the above proposed new supervisory arrangement. (**Please delete whichever inappropriate*)

Name of Area Coordinator: _____ **Signature:** _____ **Date:** _____

6 Agreement

To be completed by the original Principal Supervisor: [if applicable]

I agree with the above proposed change on supervisory arrangement.

Name: _____ **Signature:** _____ **Date:** _____

To be completed by the proposed new Principal Supervisor: [if applicable]

I agree to take up the role as Principal Supervisor.

Name: _____ **Signature:** _____ **Date:** _____

Endorsement by Head of Department: _____
(Name: _____)

Department: _____

To be completed by the original Associate Supervisor: [if applicable]

I agree with the above proposed change on supervisory arrangement.

Name: _____ **Signature:** _____ **Date:** _____

To be completed by the proposed new Associate Supervisor: [if applicable]

I agree to take up the role as Associate Supervisor.

Name: _____ **Signature:** _____ **Date:** _____

***Endorsement by relevant Head of Department:** _____
(Name: _____)

***Department:** _____

**Endorsement is needed only when the affiliated department of Associate Supervisor is different from the Principal Supervisor.*

7 Personal Information Collection Statement

1. The personal data provided by you on this form will be used by the Graduate School for the purpose of processing your application and will be retained during your study in the University;
2. Unless otherwise specified, provision of your personal data is obligatory;
3. Information provided will be treated strictly confidential and may be transferred to other unit(s) within the University for necessary action, where applicable; and
4. Applications for access to and correction of personal data after submitting this form should be made by writing to Graduate School by email to edd@eduhk.hk.

Please return the completed form to the Graduate School (Fax: 2948-6619 or Email: edd@eduhk.hk)