



CHANGE OF SUPERVISOR/CO-SUPERVISOR FORM			
Student Name		Roll No.	
Session		Admission date	
Degree		Program	
Email		Mobile No.	
Research Area			
Type of change <small>(Tick only one)</small>	Supervisor <input type="checkbox"/>	Co-supervisor	<input type="checkbox"/>
Reason of Change			

Current Supervisor/ Co-supervisor Name	Research Area	Signature and Date
Proposed New Supervisor/ Co-supervisor Name	Research Area	Signature and Date

Student's Signature: _____

Date: _____

(For official use only)

PROGRAM CO-ORDINATOR/HoD			
Recommendation <small>(Tick only one)</small>	Recommended <input type="checkbox"/>	Not recommended	<input type="checkbox"/>
Comments (if any)			
HoD Signature		Coordinator Signature	

Concerned Dean: _____

Director PGS: _____