



Candidate

Legal Name in Full :

(as shown on your passport)

Title

First Name(s)

Surname

Date of Birth :

ACT Number :

(if known)

Course :

MTh (Res)

DMin

PhD

Email address :

Current College and Supervisory Team

Current Supervising College :

Current Principal Supervisor :

Name :

Email :

Current Co-supervisor :

Name :

Current Co-supervisor 2 (if applicable) :

Name :

Changes to College and/or Supervisory Team

Are you applying to change ACT 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: