



Application for change of supervisors (PhD programme)

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|---------------------------------------|--|
| Name and e-mail (candidate) | |
| Department | |
| Describe the requested change: | |

Please describe why you request this change, and indicate the responsibilities and roles for each of the members of the new team of supervisors (use separate sheet of paper if needed):

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Proposed new team of supervisors:

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| Main Supervisor (name, title, affiliation, e-mail) | |
| Co-supervisor (name, title, affiliation, e-mail) | |
| Co-supervisor (name, title, affiliation, e-mail) | |
| Co-supervisor (name, title, affiliation, e-mail) | |

PLEASE NOTE: New version of the **PhD agreement Part B** (Agreement relating to inclusion in the organised training of researchers) should be filled in and enclosed with this application. If the requested changes suggest a change of department affiliation for the candidate or have any financial or other implications, this must be specified in the signed agreement.

This application must be signed by all involved parties

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| | |
| Candidate (signature and date) | Department (signature and date) |

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| | |
| supervisor (signature and date) | supervisor (signature and date) |

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| | |
| supervisor (signature and date) | supervisor (signature and date) |

Please ensure that the form is complete and signed by all parties before submitting it to the Faculty. The application form and the attachments (*Part B – Academic Supervision*) should be sent by internal mail to Forskningsseksjonen (Faculty of Medicine) for signature by the Vice Dean.