



Application for change of PhD supervisors

Name and e-mail (candidate)	
Department	

Proposed new team of supervisors:

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 describe the requested change (if the request is for more than two supervisors, it must be clearly explained why this is necessary and how the responsibility is distributed)

PLEASE NOTE: Updated **PhD agreement Part B** should be filled in and enclosed with this application. If the requested changes suggest a change of department affiliation, this must be specified in the signed agreement. Please apply as soon as any changes occur. Applications sent after submission of the thesis, will not be processed.

Please ensure that the form is complete and signed by all parties before submitting it to the Faculty (post.med@uib.no)

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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)

AMENDMENTS TO THE AGREEMENT, PART B

The following amendments have been added to the agreement:

Signature, doctoral candidate

Date

Signature, basic unit/department (department head)

Date

Signature, faculty (dean)

Date

Signature, main supervisor

Date

Signature, co-supervisor

Date

Any signatures of additional supervisors

Date