Graduate Program

**Change of Supervisor Form**

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| Student Name: | |
| Student ID: | |
| Start of candidature (Month/Year): | |
| Program: Research Master Clinical Master Research PhD | |
| Name of previous supervisor: | |
| Name of new supervisor: | |
| Reasons for Change: | |
| Please list research protocols that will be used under the new supervisor and that were submitted for IRB approval prior to the change in supervisor: | |
| Protocol 1: | |
| NUS IRB Reference Code: | |
| Protocol Title: | |
| Principle Investigator: | |
| Co-Investigators: | |
| Protocol 2: | |
| NUS IRB Reference Code: | |
| Protocol Title: | |
| Principle Investigator: | |
| Co-Investigators: | |
| If more please attach a separate sheet. | |
| The new supervisor has been informed about the above mentioned IRB protocols and has been added as a Principle Investigator or Co-Investigator. | |
| Student Signature/Date | Previous Supervisor Signature/Date |
| New Supervisor Signature/Date | Graduate Coordinator Signature/Date |