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 |