

Change to Doctoral Candidate's Registration/Candidature

Please consult the relevant policy for the change requested, each are linked below in the relevant sections.

1. Candidate' Details

Candidate Name:

Candidate ID:

2. Change of Supervision

Please consult: [Doctoral Supervision Policy and Procedures](#)

Proposed supervision <i>(this is not an EFTS apportionment form which can be found on the staff intranet)</i>	Supervisor Name (please include department/location)	UoA ID	Supervision Workload %
Main Administrative Supervisor			
Joint-Main Supervisor or Co-Supervisor(s)			
Adviser/s: (Please include a valid email address if external)			

3. Suspension

Please consult: [Doctoral Suspension of Enrolment Policy and Procedures](#)

I recommend that the candidate's registration/enrolment be suspended for a period of _____ months, from the first day of _____, until the last day of _____

* Please also provide details of the grounds for this application, in line with the relevant policy, and any evidence as appropriate.

Important: Candidates studying on a student visa should be aware that if the suspension lasts longer than three months within a 12-month period, the University of Auckland is required to notify INZ, which may result in the cancellation of their visa by Immigration NZ. This could also negatively impact the visas of any accompanying spouse or children. For any questions regarding student visas, please contact the Compliance Team – International at int-questions@auckland.ac.nz

4. Extension

Please consult: [Doctoral Extension of Enrolment Policy and Procedures](#)

The candidate's current Maximum Submission Date is the last day of _____

I recommend that the Maximum Submission Date be extended until the last day of _____

* Please also provide details of the grounds for this application, in line with the relevant policy, and any evidence as appropriate.

Candidates should be aware that **fees will be payable for the period of the extension**

5. Part-time/Full-time Enrolment

Please consult: [Doctoral Full-time and Part-time Enrolment Policy and Procedures](#)

I recommend that the candidate's registration/candidature be changed from _____ to _____
effective from the first day of _____

*Please also provide details of the grounds for this application, in line with the relevant policy, and any evidence as appropriate.

*Please consult the requirements for the doctoral degree you are applying under to ascertain eligibility for part-time candidature.

*Please note, it is the candidate's responsibility to check if a change to full-time or part-time will have any impacts on their fees, funding, or student visa.

6. Absence/Off-Campus Request

Please consult: [Doctoral Off-Campus Research Policy and Procedures](#)

I recommend that the candidate be permitted to carry out research away from the University of Auckland, from _____, until _____, for the purposes of _____

Details:

* Please also provide details of the grounds for this application, in line with the relevant policy, and any evidence as appropriate.

7. Withdrawal/Termination

Please consult: [Doctoral Termination Proceedings Policy](#)

Candidate: Please withdraw my registration/candidature from my doctoral programme, with an effective date of the last day of _____

OR:

Head of Department/Academic Head: I recommend that the candidate's registration/candidature be terminated, with an effective date of last day of _____

The withdrawal/termination is requested for the following reason:

8. Other Changes (e.g. change of title, enrolment date or department)

Requested by candidate and supervisor

Any changes to the candidate's registration/candidature status should be made with the knowledge and consent of candidate and their main or co-supervisor by signing below. Termination may be recommended by the Head of Department and approved without the candidate's consent, but only in accordance with the [Doctoral Termination Proceedings Policy](#)

<i>Candidate</i>	<i>Main Supervisor</i>
Signed:	Signed
Name:	Name
Date:	Date

Approved by Head of Department/Academic Head

<i>HoD/Academic Head</i>	<i>HoD/Academic Head</i>
Signed	Signed
Name	Name
Date	Date

If the registration/candidature is interdisciplinary, a change in supervision request will require the signatures from both HoDs

Approved by Faculty

<i>ADPGR</i>	Additional Faculty notes:
Signed	
Name	
Date	

**Completed forms must be forwarded to the School of Graduate Studies
(sgs-advisers@auckland.ac.nz) for approval by the Board of Graduate Studies**

Board of Graduate Studies Approval

<i>BoGS Delegate</i>	Additional BoGS notes:
Signed	
Name	
Date	