



APPLICATION FORM FOR CHANGE OF SUPERVISORS

This form should be sent to the department with which you are affiliated.

Choose from the drop-down list:

Surname (all):	First and middle name (all):	Date of birth:
E-mail address:		

I hereby apply for a change in my group of supervisors.

Briefly describe the reason for the change:

The application relates to:

New supervisor(s)

Withdrawal of supervisor(s)

Change in supervisors' status (principal/co-supervisor)

Resigning supervisor(s), if applicable:

Name:

Signature: _____

Name:

Signature: _____

Name:

Signature: _____

Name:

Signature: _____

Name:

Signature: _____

The new supervisor group consists of:

Principal supervisor

Surname:	First name and middle name (all):	Date of birth:	Gender:
Department/Place of work:	Position:	Title of degree:	
Country, if not Norway:	E-mail address:		

Co-supervisor

Surname:	First name and middle name (all):	Date of birth:	Gender:
Department/Place of work:	Position:	Title of degree:	
Country, if not Norway:	E-mail address:		

Co-supervisor

Surname:	First name and middle name (all):	Date of birth:	Gender:
Department/Place of work:	Position:	Title of degree:	
Country, if not Norway:	E-mail address:		

Co-supervisor

Surname:	First name and middle name (all):	Date of birth:	Gender:
Department/Place of work:	Position:	Title of degree:	
Country, if not Norway:	E-mail address:		

Co-supervisor

Surname:	First name and middle name (all):	Date of birth:	Gender:
Department/Place of work:	Position:	Title of degree:	
Country, if not Norway:	E-mail address:		

Date and signature, _____
PhD candidate

We confirm that we are informed and agree in the above stated changes.

Signatures for the **new group** of supervisors:

_____ Principal supervisor	_____ Co-supervisor	_____ Co-supervisor
_____ Co-supervisor	_____ Co-supervisor	

Date and signature, Department/unit