



UNIVERSITY
OF OSLO

APPLICATION FOR CHANGE OF SUPERVISORS

The Faculty of Mathematics and Natural Sciences

Fill out this application form and sign (candidate and all supervisors). Send to the department you are affiliated with.

Personal information

Full name:

I apply for:

☐

New supervisor(s)

☐

Withdrawal of supervisor(s)

☐

Change in supervisors' status (principal/subsidiary)

Briefly describe the reason for the change:

Resigning supervisor(s), if applicable:

Name:

Date and signature

Name:

Date and signature

Name:

Date and signature

Name:

Date and signature

The new supervisory group

Principal supervisor (obligatory)

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

Co-supervisor 1 (obligatory)

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

Co-supervisor 2 (if applicable)

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

Co-supervisor 3 (if applicable)

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

Co-supervisor 4 (if applicable)

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



Declarations and signatures

I declare that I

- support the outline of the project
- will inform the team below, on a regular basis, about all matters significant for carrying out the PhD study
- must follow research ethical principles that prevail within the subject area
- have familiarised myself with the University's and the Faculty's regulations and the guidelines
- must follow ethical guidelines for supervision relationships at UiO (requirements for both candidate and supervisor)

PhD candidate

Date and signature

Principal supervisor

Date and signature

Co-supervisor

Date and signature

Co-supervisor

Date and signature

Co-supervisor

Date and signature

Co-supervisor

Date and signature

To be filled out by the department/unit

Date and signature

Head of department/unit