

THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES
REQUEST FOR CHANGE OF SUPERVISOR(S)

Title of Degree: _____

Name of Student: _____

Computer Number: _____

School: _____

Department: _____

Dissertation/Thesis Title: _____

Proposed New Supervisor(s):

1. Name: _____

2. Name: _____

Name(s) of Previous Supervisor(s):

1. Name: _____

2. Name: _____

Reason(s) for change of Supervisor(s): _____

Signature of Head of Department: _____ Date: _____

Note: This Form must be submitted to the School Assistant Dean for Postgraduate Studies for approval by the School Postgraduate Studies Committee.