

Student ID Number:					
Surname:					
First name:					
Last progress report da	ate:				
Programme:					
CHANGE OF TOPIC					
	or changes of topic. Use space overl	eaf if deta	ailed justification required	•	
Previous topic:					
Brief reason:					
Changed topic:					
Maximum 250 characters.					
CHANCE OF CUREN	VICORY ARRANGEMENT	TC.			
	'ISORY ARRANGEMEN'	1 3:			
For EFTS Split changes, please use	e the Request for update to Researd	h Student	: EFTS Split form		
	e the Request for update to Researd Current	h Student %	EFTS Split form New	9	%
Primary Supervisor:			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	%
			-	5	%
Primary Supervisor:			-	, , , , , , , , , , , , , , , , , , ,	%
Primary Supervisor: Co-Supervisor 1:			-		%
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Primary Supervisor: Co-Supervisor 1: Co-Supervisor 2: Co-Supervisor 3:		%	-	Total	100
Primary Supervisor: Co-Supervisor 1: Co-Supervisor 2: Co-Supervisor 3: Co-Supervisor 4:	Current	% 	New		
Primary Supervisor: Co-Supervisor 1: Co-Supervisor 2: Co-Supervisor 3:	Current	% 	New		
Primary Supervisor: Co-Supervisor 1: Co-Supervisor 2: Co-Supervisor 3: Co-Supervisor 4: Signature(s) of new	Current	% 	New		
Primary Supervisor: Co-Supervisor 1: Co-Supervisor 2: Co-Supervisor 3: Co-Supervisor 4: Signature(s) of new supervisor(s) (required) • The primary supervisor in the pri	Current	% 100 ee to sup	New	Total	100
Primary Supervisor: Co-Supervisor 1: Co-Supervisor 2: Co-Supervisor 3: Co-Supervisor 4: Signature(s) of new supervisor(s) (required) • The primary supervisor in member;	Total My workload permits and I agr must be a leading researcher of very	% I 00 ee to sup	New ervise the candidate:	Total	100
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Date Revised: 22/02/2016

CHANGE O	F ADVISORY COMMITTEE MEMBE	RS	
	Current	New	
Member I			
Member 2			
Member 3			
CHANGE O	F ADVISORS		
	Current	New	
Advisor I			
Advisor 2			
CHANGE TO	O FULL-TIME/PART-TIME STATUS	<u> </u>	
	Current	New (please	ŕ
		Full-time /	Part-time
Effective from	m: First Semester / Second Se	emester	Year:
	lidate: standard student visas do not permit part-time e a change to part-time can be approved.	study; evidence of a variation	allowing such study must
	JPERVISING DEPARTMENT or SU t Supervising Department	BJECT CODE New	
Current	d Super vising Department	Idew	
C	urrent Subject code	New	
The subject code s which subjects can	hould only be one of those approved by Planning and be used.	Funding. Your department ad	ministrator can advise
DETAILS OF	F OFF-CAMPUS REQUEST (multiple r	equests are acceptable):	
5217(120 01	CIT Of the Control of	equests are acceptable).	
scholarships, they m relocation to an ove	ts, New Zealand permanent residents and Australians sho oust be primarily resident in New Zealand, except for tem erseas address, or for Doctoral students research-related forfeit the right to domestic scholarships, and require the	porary absences for the purposes travel exceeding twelve months t	of research. Permanent
Location (add	lress and institution)	Start date En	d date Personal
			Yes/No
			Yes/No

 Temporary travel overseas for personal there is a separate form). 	reasons (exceeding	two mo	onths) requir	es a deferral (fo	r which
Returning to submit?				Υ	'es/No
A health and safety plan will be completed	prior to departure	е			Yes
REASON FOR OFF-CAMPUS TRAV	EL/RELOCATIO	ON:			
Strong justification is required for off-campus travel or below, including any potential benefits to your thesis supervision while off-campus, and details of any institu	tudies, arrangements a	nd meth	ods of contac	t to ensure adequ	
The plan should include consideration of any risks supervisor(s) and the department health and safety now these may be affected in the fieldwork and how ield, immunisation and travel insurance details.	officer, emergency c	ontact o	details, existi	ng medical condit	tions (an
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Certificate of Proficiency (COP) – candidate attends classes, completes course work and sits any tests or exams. Credited with completed the paper (if successfully passed)

International candidates completing papers towards a qualification other than a COP will be charged tuition fees for these papers at the international rate (Otago scholarships will not cover fees at this rate).

REASON FOR CHANGES: Justification is required for any changes. If space is	insufficient, please attach details on a separate sheet.
SIGNATURES AND CONSENT:	
Candidate:	Date:
Primary Supervisor: Name (printed)	Date:
14aiile (piinteu)	
Head of Department:	Date:
Name (printed)	
DVC Signatures	Data:
PVC Signature: Name (printed)	Date:
Tarrie (princes)	
	turn the completed form to
	nool, Clocktower Building (contact phd@otago.ac.nz) resentative for the Supervising Department
Dean. GRS:	Date: