

Amendments to supervisory team and/or advisory committee

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



- Please complete in BLOCK capitals
- The form should then be signed by the relevant signatories and sent to your FRDM/FRDA

Student name in full:	Student number
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If you are making changes to your supervisory team - please list your supervisory team exactly as you would like it to appear on your record. All students must have a minimum of 2 supervisors and a maximum of 3.

Super-visor	Title	1 st name	Surname/family name	email address plus dept/faculty (or organisation if external to the School)
1 st				
2 nd				
3 rd optional				

If you are making changes to your Advisory Committee – please list the names of any additions or deletions

	Title	1 st name(s)	Surname/family name	email address (not required when deleting a name)
Add/delete				

Students: please sign the form and then ask your current 1st supervisor to add their signature in the space below.

Student signature _____ Date _____

Current 1st Supervisor: please confirm that the staff/externals listed above are aware of the proposed changes

Current 1st Supervisor Signature: _____ Date _____

New 1st Supervisor Signature (if applicable) _____ Date _____

Once the form has been signed by the student and supervisor(s) please forward the form to your **Faculty Research Degree Manager/ Administrator**

For FRDM/FRDA use only DRDC signature (if applicable)	Current Faculty RDD signature	Date:
	New Faculty RDD signature: (if change of Faculty)	Date:

FOR REGISTRY USE

Approved by Head of Student Records	Date:
US Loan Approval	Date:
ESRC/MRC/Scholarship -checked for stipend	Date:
Noted by Student Immigration & Compliance Manager /If	Date:
SITS Action/Cancel TFL Card	Date:
Fee Action	Date:
Student informed	Date:
Programme Director/TSO Programme	Date:
Head of Student Records	Date: