

School of Graduate Studies
American University of Nigeria, Yola

CHANGE OF SUPERVISOR FORM

SGS 035

DIRECTIONS

Students are to consult with their Coordinator / Chair / Dean prior to changing their Supervisor. Return the completed form to the Coordinator of Graduate School, School of IT & Computing, American University of Nigeria, Yola.

STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____

ID No. _____ AUN E-mail _____@aun.edu.ng

Mobile No. _____ School of Study _____

Program of Study _____

Thesis Title _____

CHANGE OF SUPERVISOR

Current Supervisor(s) _____

New Supervisor(s) _____

Signature 1 _____ Date _____

Signature2 (if any) _____ Date _____

Reason of Change (if any) _____

Student Signature _____ Date _____

AUTHORIZATION

Department Chair's Signature _____ Date _____

Graduate Coordinator's Signature _____ Date _____

Dean's Signature _____ Date _____