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| **POSTGRADUATE RESEARCH VIVA BOARD**  **AQSEE024**  *RESEARCH VIVA CHANGE OF CHAIR*  **CHANGE OF CHAIR REQUEST FORM** | | | | | | | | | | | |
| Please complete this form if you wish to request a change to the approved Chair for a Postgraduate Research Viva Board.  This form should be returned to your Faculty Postgraduate Research Administrator.  If you have any questions or would like further information, guidance and support, please see the [University Guide to the Examination of Research Students](https://myuni.swansea.ac.uk/academic-life/academic-regulations/research-guidance/guide-to-the-examination-of-research-students/) and/or contact [pgrnoms@swansea.ac.uk](mailto:pgrnoms@swansea.ac.uk) | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | |
| **Student Name:** | | | | | | **Student Number:** | | | | | |
| **Faculty:** | | | | | | **Programme:** | | | | | |
| **Subject area:** | | | | | | **Viva Date:** | | | | | |
| **EXISTING CHAIR** | | | | | | | | | | | |
| Full Name and Title: | |  | | | | | | | | | |
| Rationale for Change: | |  | | | | | | | | | |
| **PROPOSED NEW CHAIR** | | | | | | | | | | | |
| Full Name and Title: | |  | | | | | | | | | |
| Current Role: | |  | | | | | | | | | |
| **Experience (Chair)** | Has the nominee previously acted as a Chair? *(please confirm numbers below)* | | | | | | | | | *YES/NO* | |
| PhD: 1-3 □ 3-5 □ 5-10 □ 10> □ | | MPhil: 1-3 □ 3-5 □  5-10 □ 10> □ | | | | Masters by Research:  1-3 □ 3-5 □ 5-10 □ 10> □ | | | Other: |  | |
| **Experience**  **(Examining):** | Has the nominee previously acted as an Examiner at, or beyond, the level of the thesis to be examined? *(please confirm numbers below)* | | | | | | | | | *YES/NO* | |
| PhD: 1-3 □ 3-5 □ 5-10 □ 10> □ | | | MPhil: 1-3 □ 3-5 □ 5-10 □ 10> □ | | | | Masters by Research:  1-3 □ 3-5 □ 5-10 □ 10> □ | | Other: | |
| **Supervision:** | Has the nominee supervised postgraduate students to, or beyond, the level of this thesis? | | | | | | | | | *YES/NO* | |
| **CONFIRMATION AND APPROVAL** | | | | | | | | | | | |
| Please confirm that the nominee has sufficient seniority and experience, and a clear understanding of the University’s PGR regulations and procedures: | | | | | | | | | | | |
| Faculty Director of PGR/Head/Deputy Head of Faculty approved: | | | | | Name: | | | | Date: | | |
| Decision Checked and Confirmed | | | | | Name: | | | | Date: | | |
| New Chair Notified | | | | | Date confirmed: | | | | | | |