



HIGHER DEGREE RESEARCH – CHANGE OF RESEARCH TITLE / CHANGE OF RESEARCH TOPIC

DO NOT PRINT THIS FORM. SAVE the form before completing the required sections of the form electronically. Attach to a Service Request. Service requests can be raised through myGriffith / my Research / My Candidate Centre. Paper copies of this form will not be accepted.

PART 1		CANDIDATE DETAILS	CANDIDATE TO COMPLETE
ID: s2807774	First Name: Luke	Family Name: Lincoln	
PART 2		TITLE CHANGES	CANDIDATE TO COMPLETE
Proposed thesis title: Non-Iterative Three-Dimensional Reconstruction and Representation			
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does this represent a major change in the direction for your research and require a topic change? (If 'Yes', complete Part 3)	
PART 3		TOPIC CHANGES (MAJOR CHANGE ONLY)	CANDIDATE TO COMPLETE
Yes <input type="checkbox"/>		I have attached a revised research proposal and a statement explaining the circumstances leading to this request (this is a mandatory requirement for all major topic changes) .	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Will this topic change require a variation to your ethical clearance? (If 'Yes', read Booklet 06 'Modifying an Existing Ethical Approval, Research Ethics Manual')	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you an international candidate?	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		If yes, has your sponsor agreed to your request to change topic?	
Sponsor's Name (if applicable):			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Does the change of topic require a change to supervision arrangements? (If 'Yes' complete a service request for 'Appoint or Change Supervisor'.)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you completed the candidature confirmation procedure?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		If 'No', do you need to apply for an extension to the due date for completion?	
If 'Yes', provide a proposed date for completing the confirmation procedure			Date:
PART 4		RECOMMENDATION	PRINCIPAL SUPERVISOR
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Is the candidate's request for an extension to their confirmation recommended?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Has the candidate's field of research changed?	
If yes you must provide:		FoR	SEO FoE
Yes <input type="checkbox"/> No <input type="checkbox"/>		Is this a major change? If 'Yes' Dean (Research) approval is required.	
PART 5		APPROVAL	DEAN (RESEARCH)
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Is the candidate's request for an extension to their confirmation approved?	
PART 6		APPROVAL	DEAN (GGRS)
PART 7		CONTACT DETAILS	

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