L-Università ta' Malta
Faculty of Information & Communication Technology

UNIVERSITY OF MALTA
FACULTY OF INFORMATION AND COMMUNICATION TECHNOLOGY

REQUEST TO CHANGE SUPERVISOR / CO-SUPERVISOR (FYP/DISSERTATION)

NAME & SURNAME: _____

ID/STUDENT NUMBER: _____

COURSE AND YEAR: _____

(To be filled in by the student)

DETAILS OF CURRENT SUPERVISOR AND CO-SUPERVISOR

SUPERVISOR: _____

CO-SUPERVISOR (IF APPLICABLE) _____

DETAILS OF PROPOSED SUPERVISOR/CO-SUPERVISOR:

SUPERVISOR _____

CO-SUPERVISOR (IF APPLICABLE) _____

N.B - This form and other relevant documents are to be submitted to the relevant **Departmental Secretary**, who will refer the request to the **Board of Studies** for consideration and recommendation to the **Faculty Board**. Final approval of the request will be granted by the **Faculty Board**.

UNIVERSITY OF MALTA
FACULTY OF INFORMATION AND COMMUNICATION TECHNOLOGY

REQUEST TO CHANGE SUPERVISOR / CO-SUPERVISOR (FYP/DISSERTATION)

REASON FOR CHANGE:
(to be filled in by the student)

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STUDENT'S SIGNATURE **DATE**

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