



REQUEST TO INCREASE RESEARCH STUDENT LOAD

Use this form for request to increase student load above 5 FTE (Full-Time Equivalent)

Name:

Faculty Research Group:

Research students currently supervised by Applicant as Primary Supervisor:

Student Name	FT/ PT	Start Date	End Date	Assoc Supervisor	Assoc Supervisor

Current FTE student load: _____

Justification for the increase in student load:

Signature of Staff: _____

Date: _____

Staff Number: _____

OFFICE USE ONLY:

Student Name	Start Date	Final Submission Date	Progress Reports				Comments / Recommendations
			Probation	Yr 1	Yr 2	Yr 3	

Comments by Sub-Dean (Research Students):

Recommendation by Sub-Dean:

Signature: _____ Date: _____

Approval by Dean: Yes No Signature _____ Date: _____

Comments by Dean: