



**Faculty of Graduate Studies**  
**University of the Visual and Performing Arts**  
21, Albert Crescent, Colombo 07, Sri Lanka.  
fgs.vapa@gmail.com / fgsvpa1@gmail.com 0113461502 / 0113461504

To be filled by the Student

Name with Initials : .....  
Registration Number : .....  
Degree : ..... Contact Number : .....  
Date of Registration : .....  
Address : .....  
Email : .....

**Application to Change the Supervisor**

1. Topic of the Research : .....  
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2. Current supervisor name : .....

3. Strong justification : .....  
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4. New Supervisor

4.1 Name of the Supervisor : .....  
Position : .....  
Institution (if any): .....  
Highest academic qualification : .....  
Address : .....  
Email:..... Telephone : .....  
I agree to function as a supervisor for the above mentioned postgraduate degree programme.  
Signature : ..... Date : .....

.....  
Signature of the Applicant

.....  
Date