|  |  |
| --- | --- |
| TAB_col_white_background.eps | **Faculty of Biology Medicine and Health | School of Health Sciences****APPLICATION FOR PROGRAMME OF STUDY AMMENDMENT FORM** |

|  |
| --- |
| All students must complete this form if they wish to change A particular aspect of their programme of study. Any changes of programme must be approved by any relevant sponsor or funding body. International students must discuss the implications of any change of programme with the International Advice Team (regarding visa implications) and their sponsor where appropriate.  |
| **Section 1 – to be completed by the Student (Please PRINT)** |
|  |
| **Student ID Number:** |  |  |  |  |  |  |  |  |  | **Mode of Study:** | FT | PT |
| **Family Name:** |  | **Other Name(s)** |  |
| **Academic Programme:** |  |
| **Year of Entry:**  |  | **Year of Programme:** |  |
| **Are you in Receipt of a Scholarship?**  | Yes | No | **Confirmation of funding body approval attached** |
| If in receipt of a funded Studentship please give details:  |
|  |
| **Programme Amendment requested (circle as appropriate)** | **Programme Change** | **Extend Programme of Study** | **Change Mode of Attendance** |
| Please give details about the nature of the circumstances surrounding your request to amend an aspect of your programme of study |
|  |
| Student Declaration: I confirm that I have discussed my intention to change an aspect of my programme of study with my Programme Director and I understand the implications at this point in my studies and that this may have an impact on the tuition fees due to the University. | **Signed:**  |
| **Date:**  |

|  |
| --- |
| **Section 2 – to be completed by the Programme Director (This section should be completed when a request to change an aspect of a students programme of study has been discussed)** |
|  |
| I confirm that the above named student has discussed his / her request to change their programme of study with me and that I support/reject their application (circle as appropriate): | **Approve** | **Reject** |
| Additional Comments including changes to modules to be undertaken: |
| **Programme Director (Please print):** |  | **Signed:** | **Date:** |

# Section 3 – School Office Use Only

# (This section should be completed when a request to change an aspect of a students programme of study has been discussed with the student and Programme Director).

|  |  |  |
| --- | --- | --- |
| **Please indicate whether the application has been granted School approval: (please circle as appropriate)** | **Approve** | **Reject** |
| Any Additional Comments: |
| **Programme / Plan Change:** |  |
| **New end date of programme:** |  |
| **New end date of student:** |  |
| **Mode of Study:** |  |
| **Changes to tuition fees:** |  |
|  |
| Name (please print**):** |  |
| Signature: | Date: |

**Application to Change Programme of Study Instructions:**

After completing the form, you should email/take the form directly to your Programme Director and ask them to complete ‘Section 2 –Programme Director’. Your application should be submitted to the Programmes PSS Office.

You will be formally notified in writing of the outcome of your application as soon as possible.