

**APPLICATION TO CHANGE COURSES  
WITHIN A PROGRAMME OF STUDY**

**This form must be completed in consultation with your Designated Departmental Officer - please use BLOCK CAPITALS .**

**PERSONAL DETAILS**

Surname:  Forename:

Student No:  Year:  Mode:

Programme Code & Title:

**❖ COURSES TO BE ADDED**

<b>Course Code</b>	<b>Course Title</b>	<b>CU Value</b>	<b>Type of Assessment</b>

**❖ COURSES TO BE DROPPED- All required RE-SITS must be taken**

<b>Course Code</b>	<b>Course Title</b>	<b>CU Value</b>	<b>Type of Assessment</b>

**DEPARTMENTAL APPROVAL** – I hereby approve the proposed change of course/s and **confirm** that the student’s new course list constitutes a **VALID PROGRAMME OF STUDY**

**SIGNED:**  **DATE:**

**STUDENT DECLARATION** – I hereby request permission to change my course/s as proposed above. I confirm that all details on this form are correct, and understand that personal data held by the College may be stored in paper/and or electronic form in accordance with the provision of the Data Protection Act (1998), and for the purposes outlined in the College’s Data Collection Notice.

**SIGNED:**  **DATE:**

Completed and countersigned forms to be submitted to the Assessments Office (RHB 140)

**ASSESSMENTS OFFICE TRACKING:** Please tick on inputting

**Assessments Amended:**

**Date:**