

CHANGE OF PROGRAMME FORM

- Students are advised to contact the Fees section for guidance on how this change might affect their student finance.
- International students with visa requirements must contact the Immigration Advisory Services (IAS) via immigration@gold.ac.uk before submitting a change request.
- All changes of programme must be authorised by the Head of Department/Departmental Senior Tutor responsible for **both** the CURRENT and the NEW programme of study.
- Tuition fee liability and refunds are calculated in accordance with the College's General Regulations (www.gold.ac.uk/student-services/tuition-fees/refunds/).
- Forms must be returned promptly to Records and Enrolments via studentrecords@gold.ac.uk within 2 weeks of the change being effective.

STUDENT REF	SURNAME	FORENAMES	DATE OF BIRTH
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CURRENT PROGRAMME OF STUDY	STAGE	MODE Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
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NEW PROGRAMME OF STUDY	STAGE	MODE Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
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COURSE UNITS STUDIED - Please list the courses you will be studying in the current session following this change. Part-time students cannot exceed for courses in excess of 90 credits.

DATE CHANGE EFFECTIVE (DD/MM/YYYY)

STUDENT DECLARATION – I have read and understood the General Regulations (<http://www.gold.ac.uk/governance/generalregulations/>). 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 (<http://www.gold.ac.uk/data-protection/>)

SIGNATURE	DATE
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ALL STUDENTS	MPhil/PhD STUDENTS ONLY
TIER 4 VISA? Choose an item.	RESEARCH COUNCIL UK FUNDED? Please indicate funding body (ESRC/AHRC/EPSC/Other): Choose an item.

AUTHORISATION OF CURRENT HEAD OF DEPARTMENT/SENIOR TUTOR

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE

AUTHORISATION OF NEW HEAD OF DEPARTMENT/SENIOR TUTOR

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE

Student Services only	Received:	Processed:	Assessments / Fees:	Student:
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