 RDF3

# Application for approval for Amendments to Study Arrangements

Please send this form, including any relevant attachments, to: city-validation@city.ac.uk

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| **CURRENT STATUS** |
| Candidate Surname |  |
| Candidate Forename |  |
| Date of Birth (dd/mm/yyyy) |  |
| Validation Partner Student Number |  |
| City Student Number (if known) |  |
| SITS Course Code |  |
| SITS Route Code |  |
| Department/School |  |
| Board of Studies responsible |  |
| Names of Supervisors(Please indicate two supervisors: one must be category A, and one of which be the first point of contact) |  |
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| Degree (please enter category, i.e. MPhil, PhD, etc.) |  |
| Present Registration Category (please tick appropriate box) | FULL TIME  | 🞏  | PART TIME | 🞏  |
| INTERNAL  | 🞏  | EXTERNAL | 🞏  |
| Date of Original Registration |  |

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| AMENDMENT TO REGISTRATION CATEGORY CHECKLIST |
| **Proposed amended:** (please tick appropriate box)  |
| Request period of suspension | 🞏 |
| Request resumption of study | 🞏 |
| Request transfer to writing up/examination | 🞏 |
| Request amendment to mode of study (i.e. part-time to full-time) | 🞏 |
| Amendment to date of original registration (only for new students) | 🞏 |
| Request for extension to registration | 🞏 |
| Amendment to supervisory arrangements | 🞏 |
| Request student withdrawal | 🞏 |

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| REQUEST PERIOD OF SUSPENSION |
| Start of Suspension | Date: |
| Expected end of Suspension | Date: |
| Reason for request of suspension of study |  |

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| REASON FOR REQUEST OF SUSPENSION OF STUDY |
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| REQUEST RESUMPTION OF STUDY |
| Start of Suspension | Date: |
| Date of actual return from Suspension | Date: |

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| REQUEST TRANSFER TO WRITING UP/EXAMINATION |
| Transfer to writing up | Date: |
| Direct to Examination (no writing up period) | Date: |
| *(N.B. If transferring to 'writing-up', note that the minimum period of registration must have been completed i.e. 1 year for FT MRes/MPhil/LLM, 2 years PT MRes/MPhil/LLM, 2 years FT PhD/DMA /DJourn, 3 years PT PhD/DMA/DJourn)* |

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| REQUEST AMENDMENT TO MODE OF STUDY |
| New Mode of Study (please tick) | Full Time (internal) | 🞏 | Part Time (internal) | 🞏 |
| Full Time (external) | 🞏 | Part Time (external) | 🞏 |

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| AMENDMENT TO DATE OF ORIGINAL REGISTRATION |
| Proposed amended date of original registration | Date: |
| Reasons for proposed amendment |  |

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| REQUEST FOR EXTENSION TO REGISTRATION |
| Proposed period of extension | Until: |
| Previous periods of suspension/extension and reasons for suspension/extension | From: |
| Until: |
| Reasons for proposed  |  |

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| **AMENDMENT TO SUPERVISORY ARRANGEMENTS** |
| Give name of new Supervisor(s) |  |
| Reasons for proposed amendment |  |

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| REQUEST STUDENT WITHDRAWAL |
| Date of Withdrawal | Date: |
| Reasons for withdrawal |  |

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| Complete this section only if amending to EXTERNAL |
| Name of Internal Supervisor |  |
| Institution/organisation where research work is to be carried out: |  |
| Name of External Supervisor: |  |
| Institution/Organisation |  |
| Academic/Professional qualifications |  |
| CVs of external supervisor(s) attached? | (Please tick box to confirm) |

I approve the above proposal and confirm that it has the support of the supervisor named above

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Senior Tutor/Director Research) Date:

I confirm that all relevant checks have been completed

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Secretary to Board of Studies) Date: