LANCASTER UNIVERSITY

CHANGE OF STATUS RECOMMENDATION

1. Name: _______________________________ Library Card Number: _____________

2. Date of Registration: _________________ Degree (e.g. PhD, MPhil): __________

3. Department: _____________________________________________________________

4. Current Fee Status (please tick one box): ________________________
   O Full-time studying at Lancaster
   O Full-time studying away
   O Part-time studying at Lancaster
   O Part-time studying away
   O Full-time Nominal (Writing-Up)
   O Part-time Nominal (Writing-Up)

5. New Fee Status (please tick one box): ________________________
   O Full-time studying at Lancaster
   O Full-time studying away
   O Part-time studying at Lancaster
   O Part-time studying away
   O Full-time Nominal (Writing-Up)
   O Part-time Nominal (Writing-Up)

6. This change should take place on the first day of (month and year): ______________________

7. Reason for Change: ____________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Changing a student’s status from full-time to part-time, and/or from attending at Lancaster to studying away will have an effect on the level of income received by the department for this student. Not only the amount of student fee, but also the amount of resource from HEFCE could be reduced. Therefore, the signature of the Head of Department is required on this form as well as that of the supervisor/course director.

I confirm the reasons for the change of status as detailed above.

Signature of Supervisor/Course Director: _______________________________ Date: __________

I endorse this proposal and recommend that the student’s fee status be amended accordingly.

Signature of Head of Department: _______________________________ Date: __________

Please return this form to the Postgraduate Studies Office

If this change affects the completion date, the revised completion date will be: __________

7. APPROVED BY THE DIRECTOR OF THE GRADUATE SCHOOL

The Dean of Graduate Studies has approved the above change:

_________________________________ Date __________