

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):

Full-time studying at Lancaster

Full-time studying away

Part-time studying at Lancaster

Part-time studying away

Full-time Nominal (Writing-Up)

Part-time Nominal (Writing-Up)

5. New Fee Status (please tick one box)

Full-time studying at Lancaster

Full-time studying away

Part-time studying at Lancaster

Part-time studying away

Full-time Nominal (Writing-Up)

Part-time Nominal (Writing-Up)

(e.g. if the student gains employment as a Research Assistant within the department)

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** \_\_\_\_\_