|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete this form if you are studying as part of a collaborative agreement, either;**  **i) when there is a change of location going both to and from the partnership institution, or ii) when a change is made to the original pattern of study (6 months in advance).** | | | | | | | | | | | |
| **Section A**  To be completed by the student | | | | | | | | | | | |
| Name |  | | Student No | | | | |  | | | |
| Dept/ School/ Institute |  | | Faculty | | | | |  | | | |
| Supervisors | 1.  2.  3. | | | | | | | | | | |
| Collaborative agreement studying under E.g. XJTU, DUT, RIKEN etc. | | | | | |  | | | | | |
| Details of any funding E.g studentship etc | | | | | |  | | | | | |
| Do you hold a Student Route / Tier 4 visa? *(please tick)* | | | | | | Yes | | | | No | |
| 1. **Change of Location** *Please select one of the two declarations:* | | | | | | | | | | | |
| *1. I am returning to Liverpool Main Campus following time at another institution as part of a collaborative agreement? (please tick)* | | | | | | | | | | |  |
| Name of institution you are returning from | | | |  | | | | | | | |
| Date of your return to Liverpool Main Campus is | | | |  | | | | | | | |
| Date you will be leaving Liverpool Main Campus | | | |  | | | | | | | |
| Do you require a Liverpool student card to be generated? | | | | Yes | No | | | | | | | |
| If yes please explain why (e.g not yet been to Liverpool Main Campus as part of programme) | | | |  | | | | | | | |
| **OR** | | | | | | | | | | | |
| *2. I am leaving Liverpool Main Campus to study at another institution as part of a collaborative agreement? (please tick)* | | | | | | | | | | |  |
| Name of institution you will be studying at | | | |  | | | | | | | |
| Date you will be leaving Liverpool Main Campus | | | |  | | | | | | | |
| Date you will be returning to Liverpool Main Campus | | | |  | | | | | | | |
| Have you arranged insurance cover (where appropriate) | | | | Yes | No | | | | | | | |
| **Signature of student** | |  | | | **Date** | | | |  | | |
| 1. **Change to Pattern of Study** *Please provide new details below* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section B**  To be completed by the supervisor | | | | | | | | | | | |
| *I confirm the details given are correct* | | | | | | | | | | | |
| **Signature of supervisor** | |  | | | **Date** | | | |  | | |
| **Section C**  To be completed by a representative of the Programme Management Team responsible for managing the collaborative agreement | | | | | | | | | | | |
| Pattern of study approved? (please circle) | | | | | | | | Yes | No | | | |
| Comments | | | | |  | | | | | | |
| Name | | | | |  | | | | | | |
| **Signature of rep** | |  | | | **Date** | | | |  | | |
| **Section D**  To be completed by Research Degree Administration Team | | | | | | | | | | | |
| *Area of Student Record* | | | | | *Checked* | | *Details of amendments made* | | | | |
| Arrangement specific attribute | | | | |  | |  | | | | |
| Dual/ joint attribute (if applicable) | | | | |  | |  | | | | |
| SGASTDN> comments | | | | |  | |  | | | | |
| SKAHMOB | | | | |  | |  | | | | |
| Fees | | | | |  | |  | | | | |
| Campus code | | | | |  | |  | | | | |
| Student Route/ Tier 4 Only - If leaving/ returning to Liverpool as part of the Pattern of Study: Change of Location Notification reported via SMS | | | | |  | |  | | | | |
| Student Route/ Tier 4 Only - If leaving the UK for good as part of the Pattern of Study: Sponsorship Withdrawn via SMS & confirmation sent to student | | | | |  | |  | | | | |
| Student card generated and passed to student? (where applicable) | | | | |  | |  | | | | |
| Details of change referred to funding administrator? (where applicable ) | | | | | | |  | | | | |
| Name | | | | |  | | | | | | |
| **Signature** | |  | | | **Date** | | | |  | | |

Please complete the form and return it to the RDA Team: [rda@liverpool.ac.uk](mailto:rda@liverpool.ac.uk)