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| **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