

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE MASTERS DEGREE REGISTRATION AMENDMENT FORM

LONDON
SCHOOL OF
HYGIENE
& TROPICAL
MEDICINE



- Please print this form and complete in BLOCK capitals
- The form should then be signed by the relevant signatories and sent to Registry
- **Please note, if you are being sponsored or you are in receipt of a scholarship we need written confirmation from the relevant sponsor that they will continue to fund your studies if you change your mode of study or programme**
- The change is not effective until: Registry have received confirmation from your sponsor (if applicable); all signatories have approved the change, and the form has been received and processed by the Registry

A: Personal Details

Surname (Family name)		
All other names		
Student ID Number		Programme

B: Please tick appropriate box or highlight/delete appropriate lines to indicate the action required

Report a change of MSc Programme
 Report a change of mode of study (part-time / part-time split study / full-time)
****Please note, full-time students are not permitted to transfer to split study mode****
 Report a change to split date (part-time split study students only): from ____/____/____ to ____/____/____

N.B. Please be aware of any visa implications if switching from full-time to part-time.

C: Further information

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D: Signature of Student

Signed	Date
For Overseas Students Only: I confirm that I have spoken with the Immigration Advisory Service regarding the visa implications of this change	

E: For Overseas Students only: Signature of the Immigration Advisory Service (if applicable)

Signed	Date
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F: Signature of Current Programme Director

Signed	Date
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G: Signature of New Programme Director

Signed	Date
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H: Approved by Associate Dean of Education (Current Programme)

Signed	Date
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I: Approved by Associate Dean of Education (New Programme)

Signed	Date
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J: FOR REGISTRY USE

Approved by Head of Student Records	Date:
US Loan Approval	Date:
ESRC/MRC/Scholarship -checked for stipend	Date:
Noted by Student Immigration & Compliance Manager /If CAS Number Inform UKVI	Date:
SITS Action/Cancel TFL Card	Date:
Fee Action	Date:
Student informed	Date:
Programme Director/TSO Programme Administrator/Supervisor/FRDM Informed	Date:
Head of Student Records	Date: