

REQUEST TO CHANGE MODE OF STUDY BETWEEN FULL-TIME AND PART-TIME

Only to be used following discussion with:

Undergraduate Students: Student Services

Postgraduate Students: Course Director/Supervisor

Section A – to be completed by student	
Name:	Student ID Number 500_ _ _ _ _
Change of Mode of Study from : Full-time to Part-time / Part-time to Full-time (delete as appropriate)	
Degree Program and Subject	