



Change of circumstances form **2009/10**

This form is also available on our website

www.direct.gov.uk/studentfinance

Student's forename(s):

Student's surname:

Tick the boxes below to indicate your change of circumstances and complete the relevant sections of this form.

My change of circumstance

- ☐ I have changed my name.
- ☐ I have changed my address.
- ☐ I have changed my university or college.
- ☐ My course tuition fee amount has changed.
- ☐ I have changed my course.
- ☐ I have left my course or suspended my studies.
- ☐ I am changing to a part-time course.
- ☐ I have other changes of circumstance not detailed on this form.

Sections to be completed

1 and 2

1 and 3

1, 4, 5 and 6

1 and 6

1, 5 and 6

1 and 7

1 and 5

1 and please attach a piece of paper detailing change.

! Please remember to sign and date the declaration on page 8

Important information

- To change your bank details or request a different amount of loan, please contact our Customer Support Office on **0845 607 7577**.
- You should complete this form to notify us immediately of any change in your circumstances at any time. We will use the information you provide to determine if a change of circumstance affects the amount of student finance you are entitled to receive.
- Whenever you see this icon **e** you must provide evidence to support your change of circumstances. For any university or college and course related change of circumstances, you may also need to ask your university or college to send evidence.

section 1 personal details

Personal details

Customer Reference Number:

Forename(s):

Surname:

Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>									
<input type="text"/>									
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

section 2 change of name

Change of name/title

New title:

New forename(s):

New surname or family name:

<input type="text"/>
<input type="text"/>
<input type="text"/>

e Please provide appropriate documentary evidence, e.g. marriage certificate, deed poll, etc.

Contact details

New home address:	New term-time address:
<input type="text"/>	<input type="text"/>
Postcode: <input type="text"/>	Postcode: <input type="text"/>
New home phone number: <input type="text"/>	New term-time phone number: <input type="text"/>
Date your home address will change: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date your term-time address will change: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

section 3 change of address and/or telephone number

University/college details

- a1** University/ college name and address:
- a2** UCAS university/college code (if you know it):
- a3** Did the change take place after starting a previous course?

<input type="text"/>
Postcode: <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> Yes <input type="text"/> No

section 4 change of university or college

! If 'Yes' you must ask your new university or college to confirm the change to us, as soon as possible.

Section 5 must also be completed to confirm the course that you will be studying at your new university or college.

Course details

a1 Course Name

If you are following a combined studies or modular course, please list all subjects being studied

a2 If the course is franchised to another university/college, give the address of the other university/college

a3 Did the change of course take place after you started your previous course?

a4 Qualification you expect to gain (e.g. BSc Physics)

a5 UCAS course code (if you know it)

a6 UCAS campus code (if you know it)

a7 Date you will start your new course (month and year)

a8 Date you will finish your new course (month and year)

a9 Course length (years)

b1 Year of course

Postcode:

☐ Yes ☐ No

 /
 /

☐

Foundation year

☐

First year

☐

Second year

☐

Third year

☐

Fourth year

Other (give details)

b2 Which of the following is your new course? Tick one box only.

Full time undergraduate

Initial Teacher Training (ITT) courses

Flexible postgraduate ITT

Part-time undergraduate ITT

Part-time ITT (excluding first degrees)

Full-time postgraduate ITT

Other course types

Full-time foundation degree

Full-time distance learning

Full-time involving a placement (sandwich course)

☐

Answer both questions

Number of weeks you will be studying full-time in academic year 2009/10.

Number of weeks you will be on full-time teaching practice in academic year 2009/10.

e You must provide a letter from your university or college confirming the number of weeks you will be on full-time study and full-time teaching practice during academic year 2009/10.

Do you have a disability which prevents you from attending your university/college in person? ☐ Yes ☐ No

e You must provide evidence that clearly shows you are unable to attend university or college in person for a reason which relates to your disability.

c1 Where will you live during the academic year 2009/10?

c2 Where will you spend most of your time studying in the academic year 2009/10?

Term 1

☐ Living with parent
☐ Elsewhere or own home

Term 2

☐ Living with parent
☐ Elsewhere or own home

Term 3

☐ Living with parent
☐ Elsewhere or own home

Term 1

☐ University or college
☐ Study abroad
☐ Placement in the UK or abroad

Term 2

☐ University or college
☐ Study abroad
☐ Placement in the UK or abroad

Term 3

☐ University or college
☐ Study abroad
☐ Placement in the UK or abroad

d1 Where will your placement be?

☐ Abroad ☐ UK ☐ Don't know
If you 'Don't know' go to e2

d2 If your placement is abroad, have you been accepted onto the ERASMUS exchange scheme?

☐ Yes ☐ No

e1 Placement name and address, if known:

Postcode:

e2 Is the placement:

☐ paid
☐ unpaid

If you ticked an 'unpaid' please indicate which type:

- ☐ a hospital, a Public Health Service Laboratory or a Primary Care Trust;
- ☐ a Health Authority, Strategic Health Authority, Local Health Board, Special Health Authority, Health Board, Special Health Board or a Health and Social Services Board;
- ☐ a Local Authority carrying out its duties relating to health, welfare or caring for children and young people, or a voluntary organisation providing facilities;
- ☐ the prison or probation sector or after-care services;
- ☐ a research institute; or
- ☐ an unpaid placement that is not listed above.

f Do you have to attend a place in the UK away from your main college as part of your medical or dental clinical training in the academic year 2009/10?

☐ Yes ☐ No

g Have you been awarded a state-funded place on a dance and drama course at a privately-funded institution?

☐ Yes ☐ No

e If 'Yes', please send us the official letter offering you the place.

Give the full tuition fee amount that your university or college is charging for the course you will be studying in academic year 2009/10:

£

If you wish to apply for a Tuition Fee Loan or wish to change the amount of Tuition Fee Loan you originally requested, you must complete a Tuition Fee Loan Request Form. You can download this form at **www.direct.gov.uk/studentfinance**.

Alternatively, contact our Customer Support Office on **0845 607 7577** to have one sent to you.

Leaving/Suspending study

a1 Did you begin your course?

☐ Yes ☐ No

If 'No', you should not complete any more of this form. Please sign and date the declaration on page 8.

a2 When did you leave or suspend study?

/ /

a3 Have you told your university or college that you have left your course?

☐ Yes ☐ No

a4 Do you plan to return to higher education?

☐ Yes ☐ No

If 'No' go to c

a5 When do you plan to return?

/ /

a6 Do you plan to return to:

☐ the same course ☐ a different course

Please ensure that you have completed Section 5 with details of your new course.

Repeating study

b Will you be repeating any period of study?

☐ Yes ☐ No

If 'Yes', what period will be repeated?

c Please give the reason for leaving your course or suspending your study.

e Please ensure that your college or university are made aware of the above change of circumstance.

Declaration

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at www.direct.gov.uk/studentfinance-dataprotection.

Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow or by calling our Customer Support Office on 0845 607 7577.

If you cannot sign this form it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have given on this form is true and complete and I understand that if I have given my LEA (or SLC where appropriate) false information, or have not given them complete information, I might be refused financial support, or I may be prosecuted and my financial support withdrawn.
- I agree to give my LEA (or SLC where appropriate) any additional information they require to enable them to process my application and agree to tell them immediately if my circumstances change in any way that might affect my entitlement to financial support.
- I understand that if I do not tell my LEA (or SLC where appropriate) about any change in my circumstances, which may affect my entitlement, I may not be eligible to receive any outstanding instalments or payments that they have told me about, and that I may have to repay all or part of the financial support I have already received in the year.
- I agree in the event of receiving an overpayment of financial support, I am obligated to repay any of this overpayment in full.

Your full name (in BLOCK CAPITALS):

Your signature:

X

Date:

 / /

Once you have completed this form, and signed and dated the declaration, please return it to us at the address shown on the list available online at www.direct.gov.uk/studentfinance.