

# Notification of change of circumstances for students on full-time courses - Academic Year 2008/09

## Form **CO1**

This form is also available at [www.studentfinancedirect.co.uk](http://www.studentfinancedirect.co.uk)

**Please enter your name in the following boxes before completing the rest of this form.**

Your forename(s):


Your surname:

## Important Information

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.

If you wish to notify us of a change of bank details, or request a different amount of Maintenance Loan, do not complete this form. You should contact our Customer Support Office on 0845 607 7577.

## Instructions

- Complete this form in black ink using BLOCK CAPITALS.
- **If your course tuition fee amount has changed** or you wish to correct the figure you originally provided, complete sections 1 and 6.
- **If you have changed university or college**, complete sections 1, 4, 5 and 6.
- **If you have changed course**, but are staying at the same university or college complete sections 1, 5 and 6.
- **If you have left your course or suspended your studies**, complete sections 1 and 7.
- **If you are changing to a part-time course** which is not a course of initial teacher training, you should contact our Customer Support Office. You may still be able to get grants for your part-time course but you will have to apply for these using a different form.
- **If you have changed your name**, complete sections 1 and 2.
- **If you have changed address**, complete sections 1 and 3.
- **Sign and date the declaration on page 8.**
- For any other change of circumstance not detailed on this form, complete section 1 and document the changes on the notes page at the back of this form.
- Enclose, or ask your university or college to send, the relevant documentary evidence of your change of circumstances where requested on the form, marked with this icon. 
- **Once you have completed this form** and signed and dated the declaration, please return it to us at the address shown on the letter accompanying this form or on the LA Finder list available at [www.studentfinancedirect.co.uk/lafinder](http://www.studentfinancedirect.co.uk/lafinder).

## section

# 1

## personal details

ART ID:

**or**

Student Support Number (SSN):

You can find these numbers on your Financial Notification letter.

Title:

Forename(s):

Surname:

Date of birth:

DAY	MONTH	YEAR
<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

New title:

New forename(s):

New surname or family name:



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

## change of address and/or telephone number

a

New home address:




Postcode:

New home phone number:

Date your home address will change:

DAY

MONTH

YEAR

b

New correspondence address:




Postcode:

New contact phone number:

Date your correspondence address will change:

DAY

MONTH

YEAR

## change of university or college

a1

Give the name and address of the university or college where you **will** be studying. If the course is at a university that is made up of a number of colleges, give the name of the college first, followed by the name of the university (e.g. Hatfield College, University of Durham).




Postcode:

a2

UCAS university or college code (if you know it):

a3

Did the change take place after starting a previous course?

Yes ☐ No ☐

section

# 4

continued

## change of university or college



If “Yes”, ask your new university or college to send a “Notification of Student’s Change of Circumstances” form to us.

If you change your university or college you must also complete section 5 to tell us about the course you will be studying at your new university or college.

section

# 5

## change of course

- a1** Give the name of the course which you **will be** studying. Give the course subject (for example, Information Systems). If you are following a combined studies or modular course, list all the subjects.

- a2** If the course is a franchised course run at a different establishment from the university or college providing the course, give the full address of that university or college.

  
  
 Postcode: 

- a3** Did the change of course take place after you started your previous course? **Yes** ☐ **No** ☐

- a4** Which qualification will you gain at the end of your course (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	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- a8** Date you will finish your new course:

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

- a9** How many years does your new course last for?

 (years)

## change of course

**b1**

Which year of the course are you entering?

- ☐ 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
 ☐ Full-time foundation degree
 ☐ Full-time distance learning
 ☐ Full-time involving a placement (sandwich course)
 ☐ Flexible postgraduate initial teacher training (ITT)
 ☐ Part-time ITT
 ☐ Full-time postgraduate ITT

**b3**

If you ticked part-time ITT or flexible postgraduate ITT, give the number of weeks you will be studying full-time, and the number of weeks you will be on full-time teaching practice in the academic year 2008/09.

Full-time study:  (weeks)
 Full-time teaching practice:  (weeks)

**b4**

If you are studying on a full-time distance learning course, do you have a disability which prevents you from attending your university or college in person?

Yes ☐ No ☐

**e** If "Yes", the evidence you send must clearly show that you are unable to attend university or college in person for a reason which relates to your disability.

**c1**

Where will you be living during each term in the academic year 2008/09?

Term 1	Living with parents <input type="checkbox"/>	Elsewhere or own home <input type="checkbox"/>
Term 2	Living with parents <input type="checkbox"/>	Elsewhere or own home <input type="checkbox"/>
Term 3	Living with parents <input type="checkbox"/>	Elsewhere or own home <input type="checkbox"/>

**c2**

Where will you spend most of your time studying during each term in the academic year 2008/09? Do not count periods of teaching practice as a placement, so if you are studying an ITT course, tick "University or college".

Term 1	University or college <input type="checkbox"/>	Study abroad <input type="checkbox"/>	Placement in the UK or abroad <input type="checkbox"/>
Term 2	University or college <input type="checkbox"/>	Study abroad <input type="checkbox"/>	Placement in the UK or abroad <input type="checkbox"/>
Term 3	University or college <input type="checkbox"/>	Study abroad <input type="checkbox"/>	Placement in the UK or abroad <input type="checkbox"/>

**if you have ticked "University or college" and/or "Study abroad" for all 3 terms, go to h**

**d**

Will your placement be based abroad or in the UK?

Abroad ☐
 UK ☐
 Don't know ☐

**If you "Don't know" go to e2**

section  
**5**  
continued

## change of course

**e1** If you know where your placement will be, give the name, address and postcode of your placement.


 Postcode: 

**e2** Is the placement:

a paid placement: ☐

an unpaid placement: ☐

If you ticked an “unpaid placement” 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 or carrying out similar activities; ☐
- the prison or probation sector or after-care services; ☐
- a research institute; or ☐
- an unpaid placement that is not listed above. ☐

**f** Have you been accepted onto the ERASMUS exchange scheme for a placement abroad?

Yes ☐ No ☐

**g** 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 2008/09?

Yes ☐ No ☐

**h** 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.

## change of course tuition fee

Give the full tuition fee amount that your university or college is charging for the course you will be studying in academic year 2008/09:

£

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.studentfinancedirect.co.uk](http://www.studentfinancedirect.co.uk). Alternatively, contact our Customer Support Office on 0845 607 7577 to have one sent to you.

leaving your course  
or suspending your 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? DAY MONTH YEAR

**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? DAY MONTH YEAR

**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.**

**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.



**Ask your university or college to send a "Notification of Student's Change of Circumstances" form to us.**

# Declaration

Before signing and returning your completed form, you should read the Data Protection Statement on the PN1, PR1, PR1a or DSA1 notes that were sent with the original PN1, PR1, PR1a or DSA1 application form.

A copy of the Data Protection Statement can also be found at [www.studentfinancedirect.co.uk/dataprotection](http://www.studentfinancedirect.co.uk/dataprotection). Alternatively, you may also obtain a copy of the Statement 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 yourself, for whatever reason, it must be signed on your behalf by someone who holds a valid 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:

Date: 

DAY		MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Additional Notes

If you are providing extra information below please clearly mark what section and question number the information is relating to.