

Notification of change of circumstances for EU students on full-time courses - Academic Year 2012/13

Form EUCO1

This form is also available at www.direct.gov.uk/studentfinance-EU

First name(s)			
Surname/family name			
 Important information You should complete this form to notify us immediately of any change in your circumstances. We will use the information you provide to determine if a change affects the amount of student finance you are entitled to receive. Please enclose, or ask your university or college to send the relevant documentary evidence of your change of circumstances where requested on this form. When evidence is required you will see this icon. Return this form to the EU Customer Services Team at Student Loans Company, PO Box 89, Darlington, County Durham, England, United Kingdom, DL1 9AZ. 			
Tick the hoves below to indicat	te vour change(s) of circur	nstance and complete the relevant	
sections of this form	e your change(s) or onour	nstance and complete the relevant	
My change of circumstance		Sections to be completed	
☐ I have changed my name		1 and 2	
I have changed my address	S	1 and 3	
☐ I have changed my univers	sity or college	1, 4, 5 and 6	
I am changing to a part-tim	e course	1 and 5	
☐ I have changed course		1, 5 and 6	
My course tuition fee amou	ınt has changed	1 and 6	
I have left my course or su	spended my studies	1 and 7	
, , ,	ld contact our EU Custome	t a course of Initial Teacher Training in er Services Team. You may still be able using a different form.	
I have other changes of cir detailed on this form	cumstance not	1 and use Additional notes page to give details	



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You must sign and date the declaration on page 7.



personal details

This form <u>must</u> be completed in black ink.

Customer Reference Number (if you have one) Title	
First name(s)	
Surname/family name	DAY MONTH YEAR
Date of birth	DAT WONTH TEAK

section

change of name

New title	
New first name(s)	
New surname/family name	
Please provide appropriate certificate, deed poll, etc.	documentary evidence, for example, a marriage
Documentary evidence acceptal www.direct.gov.uk/studentfina	ole for individual countries can be located on our website at nce-EU

change of address and/or telephone number

New term-time address	New home address
Town/City	Town/City
Country	Country
Postcode	Postcode
New term-time phone number (including country and area code)	New home phone number (including country and area code)
Date your term-time address will change DAY MONTH YEAR	Date your home address will change DAY MONTH YEAR
If you have provided a term-time cont issue will be sent to that address.	act address then all correspondence we

change of university or college

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section

a1	New university/college name and address		
	Postcode		
a2	UCAS university/college code (if you know it)		
а3	Did the change take place after starting a previous course? Yes No		
	e If 'Yes' you must ask your university or college to confirm the change to us as soon as possible.		
	Section 5 must also be completed to confirm details of the course that you will be studying at your new university or college.		



change of course

studied.	
If the course is franchised to another university or college or college.	, give the address of that unive
	tcode
Did the change of course take place after you started you	r previous course? Yes N
Qualification you expect to gain (e.g. BSc Physics)	
UCAS course code (if you know it)	
UCAS campus code (if you know it)	
Date you will start your new course	MONTH YEAR
Date you will finish your new course	MONTH YEAR
Full course length	(ує
Year of course	
☐ Foundation year ☐ First year ☐ Second year	☐ Third year ☐ Fourth ye
Other (give details)	



change of course

b2	Course type (please tick one box):		
	Full-time undergraduate		
	Full-time postgraduate Initial Teacher Training (ITT)		
	Full-time distance learning		
	Full-time foundation degree		
	Full-time involving a placement (sandwich course)		
	Other course types (only for students who started their course before 1st September 2010 and students studying in Northern Ireland):		
	Flexible postgraduate ITT Answer both questions Number of weeks you will be		
	Part-time undergraduate ITT Number of weeks you will be studying full-time in academic		
	Part-time ITT (excluding first degrees)		
	Number of weeks you will be		
	on full-time teaching practice in academic year 2012/13.		
	in academic year 2012/13.		
С	Where will you spend most of your time studying in the academic year 2012/13? You should only tick 'placement in the UK or abroad' if you will be on a work placement that is a part of your UK course. Do not count periods of teaching practice as a placement. If you are on an Initial Teacher Training (ITT) course, tick 'University or college'. You should only tick 'study abroad' if you will be studying outside of the UK as part of your UK course. Term 1 University or college Study abroad Placement in the UK or abroad Placement in the UK or abroad Placement in the UK or abroad It you have ticked 'University or college' and/or 'Study abroad' for all 3 terms, you don't have to fill in the rest of section 5.		
٦	Where will your placement be?		
d	Abroad UK Don't know if you 'Don't know' go to e		
	Placement name and address, if known		
	Postcode		
e1	If your placement is abroad, have you been accepted onto the ERASMUS exchange scheme?		
e2	If 'Yes', how long is this placement for?		

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change of course tuition fee

Give the tuition fee amount that your university or college is charging for the course you will be studying in academic year 2012/13: If you are not sure of the tuition fee you will be charged - please contact y college.	£ your university or
If you wish to apply for a Tuition Fee Loan or wish to change the amount of you originally requested, you must complete an EU Tuition Fee Loan Requested download a form at www.direct.gov.uk/studentfinance-euforms . Alternative Customer Services Team on 0141 243 3570 to have one sent to you.	uest Form. You can

section

7

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 declaration on page 7.	sign and date the
a2	When did you leave or suspend study?	DAY MONTH YEAR
а3	Have you told your university or college that you have left your cou	rse? Yes No
	Do you plan to return to higher education?	Yes No if 'No' go to
a4	If 'Yes', when do you plan to return?	DAY MONTH YEAR
	Do you plan to return to:	a different course
	Please make sure you have completed section 5 with details o	f your new course.
b	Will you be repeating any period of study?	Yes No
	If 'Yes', what period will be repeated?	
С	Please give the reason for leaving your course or suspending your	study.
	As your university or college need to confirm this change	to us, please make sure
	they are 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-euforms

Alternatively, you may also obtain a copy of the Statement by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow, G2 7JD.

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 SLC 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 SLC 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 SLC 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.

Your full name (in BLOCK CAPITALS) Your signature	DAY MONTH YEAR
Today's date	

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Additional notes If you are providing extra information below please clearly mark what section and question the information is about.		