

Notification of change of circumstances for postgraduate students or students on part-time courses - Academic Year 2008/09

CO2

This form is also available on our website at
www.studentfinancedirect.co.uk

Please complete 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 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 you have changed university or college**, complete Sections 1, 4 and 5 and your university or college must also complete Section 6.
- **If you have changed course**, but are staying at the same university or college, complete Sections 1 and 5 and your university or college must also complete Section 6.
- **If you have left your course**, complete Sections 1 and 7.
- **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 7.**
- For any other change of circumstance not detailed on this form, complete Section 1 and document the changes on the "Additional Notes" page at the back of this form.
- Enclose the relevant documentary evidence of your change of circumstances where requested on the form, marked with this icon. 
- **Once you have completed this form**, please return it to us at the address shown on the letter accompanying this form or on the LA Finder list available online at 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:



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

a

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

Postcode:

b

Did the change take place after starting a previous course?

Yes ☐No ☐

- a1** Give the name of the course you **will be** undertaking. 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:

- b1** Date you will start your new course:

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"/>

- b2** Date you will finish your new course:

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"/>

- c** Is your new course: ☐ Full-time ☐ Part-time

- d** Which qualification would you gain at the end of your course (e.g. BSc Physics)?

your university or college must complete this section

This section is for the university or college to complete. University or college staff should check the student's answers to Sections 4 (if applicable), 5 and 7 before signing and stamping this section.

Undergraduate students **Tick** ☐

Course fee that the student will pay in the 2008/09 academic year:

£

SLC or UCAS code for the institution

I confirm to the best of my knowledge and belief that:

- the student named in Section 1 is undertaking the course named in Section 5 a1.
- the student intends to complete the following number of credits, credit points, modules or any other unit of measure by studying on a **part-time (PT) basis** in academic year 2008/09.

**Number of
PT units**

Unit of measure
(delete as applicable)

credits/credit
points/modules/other

- the following number of credits, credit points, modules or any other unit of measure would comprise the equivalent **full-time (FT) course** within one academic year.

**Number of
FT units**

Unit of measure
(delete as applicable)

credits/credit
points/modules/other

Intensity of study is calculated by taking the number of part-time units (identified above) that the student intends to study in academic year 2008/09 and dividing it by the number of units (identified above) that the student would complete in one academic year if the course were studied on a full-time basis. The result is then expressed as a percentage.

- the **intensity of study** for this course is
$$\frac{\text{PT units } \boxed{}}{\text{FT units } \boxed{}} \times 100 = \boxed{} \%$$

Postgraduate students **Tick** ☐

I confirm to the best of my knowledge and belief that the student named in Section 1 is studying or applying for a course for which they will not receive an award from their institution (not including any payment from the institution's Access to Learning Fund) to meet the extra course-related costs they have to pay because of their disability.

section

6

continued

your university or college
must complete this section

Your full name (in BLOCK CAPITALS):	<input type="text"/>								
Your position:	<input type="text"/>								
Your phone number:	<input type="text"/>								
Your email address:	<input type="text"/>								
Your signature	<input type="text" value="X"/>	Date:	<table><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	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"/>
DAY	MONTH	YEAR							
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<input type="text"/>									
University or college stamp									

section

7

leaving your course

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 7.

a2 When did you leave your course?

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"/>

a3 Have you told your university or college that you have left your course? Yes ☐ No ☐

b Please give the reason for leaving your course.

Declaration

Before signing and returning your completed form, you should read the Data Protection Statement on the PTG1 or DSA1 notes that were sent with the original PTG1 or DSA1 application form. This statement sets out who will use the information provided on this CO2 form and what they will use it for.

A copy of the Data Protection Statement can also be found at www.studentfinancedirect.co.uk/dataprotection. Alternatively, you may also obtain a copy of the Statement by writing to the 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 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:

✕

Date:

DAY

MONTH

YEAR

Additional Notes

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