

Change of circumstances notification form part-time and postgraduate students

2010/11

This form is also available on our website
www.direct.gov.uk/studentfinance

Why should I complete this form?

By telling us what has changed, and providing evidence of this change, it allows us to:

- pay you the correct amount of support you are entitled to for the 2010/11 academic year; and
- keep all your personal details up to date.

Which sections should I complete?

Type of Circumstance Change	Sections to be Completed
I have changed university or college	Sections 1, 4, 5 and arrange for your university or college to complete section 6
I have changed my course (but staying at the same university or college)	Sections 1 and 5 and arrange for your university or college to complete section 6
I have left my course	Sections 1 and 7
My name has changed	Sections 1 and 2
My address and contact details have changed	Sections 1 and 3

! You must remember to sign the Student Declaration on page 7 otherwise your change of circumstances application may be delayed.

What if my change of circumstance is not detailed on this form?

If your change is not mentioned on the form please note your change on the additional notes page at the back of the form. If you want to tell us about a change of bank or building society account details, **do not complete this form**. Instead call us on 0845 300 50 90 with your new account details.



section 1 personal details

Customer Reference Number

Title

First name(s)

Surname/family name

Date of birth

section 2 change of name

New title

New first name(s)

New surname/family name

e This icon means that you need to provide appropriate documentary evidence to verify your change of name (e.g. marriage certificate, deed poll, etc).

section 3 change of address /contact details

Please provide your new home / term-time address and contact details

Your new home address	Your new term-time address
<input type="text"/>	<input type="text"/>
Postcode <input type="text"/>	Postcode <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"/>
New home telephone number <input type="text"/>	New term-time telephone number <input type="text"/>
New mobile phone number <input type="text"/>	
New email address <input type="text"/>	

section 4 change of university or college

- a** Please give the name and address of the university or college you are now attending

(If the university is made up of a number of colleges, please write the name of the college first, followed by the name of the university (e.g. Harfield College, University of Durham).

- b** Did this change take place after starting a previous course at another university or college?

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

section 5 change of course

a Please give the name of the course you are taking in 2010/11
(If you are following a combined studies or modular course, please list all subjects being studied)

b If the course is franchised to another university/college, please provide the address of the other university/college

c What qualification will you gain at the end of your course?
(for example, BSC Physics)

d What is your new course start date?

e What is your new course end date?

f How many years does the course last for?

g What year of the course will you be studying in the academic year 2010/11?

h What is your new course type?

i **First time applicants.**

Is your course a part-time postgraduate Initial Teacher Training (ITT) course?

Postcode

☐

First year

☐

Third year

☐

Fifth year

☐

Seventh year

☐

Second year

☐

Fourth year

☐

Sixth year

☐

Eighth year

☐

Full-time

☐

Part-time

☐

Yes

☐

No

section 6 your university or college must complete this section

University or college staff should check the student's answers to section 4 (if applicable) and section 5 before completing, signing and stamping this section.

What questions should I complete?

If the person named in section 1 is an undergraduate student. Please read and complete questions 'a' and 'c'.

If the person named in section 1 is a postgraduate student. Please read and complete questions 'b' and 'c'.

- a Course fee to be charged to the student for the 2010/11 academic year

£

SLC or UCAS code for the university or college

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 a.
- 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 2010/11.
- 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
PT units

Unit of measure
(delete as applicable)

credits/credit
points/modules/other

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) the student intends to study in academic year 2010/11 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
- the student's course is designated as eligible for financial support under Regulation 135 of the Education (Student Support) Regulations 2009.
- the equivalent full time course would last
- it is possible for the student to complete the course in no more than twice the length of the time required to complete the equivalent full-time course.

PT Units

FT Units

x 100 =

%

Years

- b 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 your university or college must complete this section

c Your full name (in BLOCK CAPITALS)

Your position

Your phone number (including area code)

Your email address

Your signature

Date

X
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
University or College Stamp

section 7 leaving/suspending study

a Did you begin your course?

☐ Yes ☐ No

If 'No', please go straight to the Declaration.

b What was the date you left your course?

/ /

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

☐ Yes ☐ No

d Please provide the reason for leaving your course

<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="checkbox"/> Yes <input type="checkbox"/> No

Student Declaration

Before signing and returning your completed form, you should read the Data Protection Act 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 Act can also be found at www.direct.gov.uk/studentfinance. 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 or by calling us on 0845 300 50 90.

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 SLC (or local authority (LA) 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 SLC (or my LA 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 SLC (or my LA 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.
- I agree that in the event of receiving an overpayment of financial support, I am obligated to repay this overpayment in full.

Your full name (in BLOCK CAPITALS)

Your signature

Date

 / /