**APPLICATION FOR AMENDMENT TO MODE OF STUDY**

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| Please complete this form and return it to [undergraduate@abdn.ac.uk](mailto:undergraduate@abdn.ac.uk) or drop the form to the Infohub. |

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| Student ID: |  |
| Surname: | Forenames: |
| Correspondence address: | Home Address: (if different) |
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|  |  |
| Postcode: | Postcode: |
| Telephone Number: (inc STD code) | Telephone Number: (inc STD code) |
| Email: | Date of Birth: |
| Country of Birth: | If your permanent address is outside the EU and you are currently living in the UK please give the date of first entry to the UK (dd/mm/yy): |
| Nationality: |
| DEGREE AREA (e.g., MA, BSc, LLB) | DEGREE SUBJECT (e.g., History, Biology) |
| **PROPOSED CHANGES TO MODE OF STUDY (DELETE AS APPROPRIATE):**  BECOME FULL-TIME / BECOME PART-TIME | |
| **PLEASE INDICATE YOUR REASONS FOR APPLYING TO CHANGE:** | |
| **STUDENT SIGNATURE:** |  |
| **DATE:** |  |

|  |  |  |  |  |  |  |  |  |
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| **FOR OFFICE USE:** FEE STATUS:   |  | | --- | | **DECISION OF SELECTOR**: | | **SIGNATURE OF SELECTOR**: | | **ANY ADDITIONAL COMMENTS:** | |  | |  | |  | | **STUDENT RECORD AMENDED (SIGNATURE):** | | **DATE:** | |