

Notification of change of circumstances for postgraduate students or students on part-time courses Academic Year 2009/10

Form
CO2

This form is also available on our website at www.studentfinancenl.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 600 0662.

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 contact list available at www.studentfinancenl.co.uk.



section

1

personal details

Customer Reference Number:

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:



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

change of address and contact details

<p>New home address</p> <input type="text"/> <input type="text"/> Postcode: <input type="text"/> New home phone number: <input type="text"/> Date your home address will change: 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"/>	<p>New term-time address</p> <input type="text"/> <input type="text"/> Postcode: <input type="text"/> New term-time phone number: <input type="text"/> Date your term-time address will change: 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"/>
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change of university or college

a 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 (for example, Stranmillis College, Queen's University Belfast):

 Postcode:

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

Yes No



5

change of course

a Please give the name of the course you are taking in 2009/10. If you are following a combined studies or modular course, list all the subjects.

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

 Postcode:

c Which qualification will you gain at the end of your course (e.g. BSc Physics)?

d What is your new course start date?

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"/>

e What is your course end date?

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"/>

f How many years does the course last for?

g What year of the course will you be studying in the academic year 2009/10?

h What is your new course type?

Full-time Part time

your university or college must complete this section

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

Undergraduate students Tick

Course fee to be charged to the student for the 2009/10 academic year:

£

SLC or UCAS code for the university or college:

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

- the student named in Section 1 is undertaking the course named in Section 5.
- 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 2009/10.

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 2009/10 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

$$\frac{\text{FT } \boxed{}}{\text{PT } \boxed{}} \times 100 = \boxed{} \%$$

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.

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.studentfinanceni.co.uk/dataprotection. Alternatively, you may also obtain a copy of the Statement by writing to the SLC at 100 Bothwell Street, Glasgow, G2 7JD or by calling our Customer Support Office on 0845 600 0662.

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 ELB 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 ELB 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 ELB 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 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"/> <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.

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