

Change of circumstances form Part-time students Academic Year 2022/23



Please complete	your name in the following bo	exes before cor	npleting 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 **0300 100 0077**.

Instructions

- 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 Student 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 below.

Student Finance NI Part-time Office Ballee Centre Ballee Road West Ballymena BT42 2HS

NIR/CO2/2223/A NIR/CO2/2223

Section 1 - personal details

Customer Reference Number Title	
Forename(s)	
Surname	
Date of birth	Day Month Year
Section 2 - cha	nge of name
New title	
New forename(s)	
New surname	
_	ed to provide appropriate documentary evidence to verify ample, marriage certificate, deed poll, etc).

Section 3 - change of address and contact details

New home address	New contact address
Postcode	Postcode
New home phone number	
Section 4 - change	e of university or college
university is made up of a number	university or college you are now attending. If the of colleges, please write the name of the college first, rsity (for example, Stranmillis College, Queen's University
	Postcode
	1 0310000

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Section 5 - change of course

f the new course details you give up	an't be confirm	
If the new course details you give us be delayed.	can t be confirme	ea yet, your student funding ma
f the course is franchised to another un university/college.	iversity/college, pl	ease provide the address of the c
	Post	code
Which qualification will you gain at the e	end of your course	(e.g. BSc Physics)?
What is your new course start date?		Day Month Year
What is your course end date?		Day Month Year
How many years does the course last fo	or?	
What year of the course will you be stud	dying in the acader	mic year 2022/23?
What is your new course type?		Full-time Part-

Section 6 - 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 2022/23 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	e named in	section 5.		
the student intends to complete the following number of credits, credit points, modules or any	Number of PT units	Unit of measure (select applicable)		
other unit of measure by studying on a part-time (PT) basis in academic year 2022/23.		credits modules other credit points		
 the following number of credits, credit points, modules or any other unit of measure would 	Number of FT units	Unit of measure (select applicable)		
comprise the equivalent full-time (FT) course within one academic year.		credits modules other credit points		
Intensity of study is calculated by taking the number of part-time units (identified above) the student intends to study in academic year 2022/23 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	PT	X 100 = %		
• the student's course is designated as eligible for financia the Education (Student Support) (No.2) Regulations (No.2)	al support u rthern Irela	nder Regulation 124 of nd) 2009 (as amended).		
the equivalent full-time course would last years.				
 it is possible for the student to complete the course in no more than twice the length of time required to complete the equivalent full-time course. 				
Postgraduate students Tick				
I confirm to the best of my knowledge and belief that the studying or applying for a course for which they will not re (not including any payment from the institution's hardship related costs they have to pay because of their disability.	ceive an a	ward from their institution		

Section 6 - your university or college must complete this section

Continued

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Your full name (in BLOCK CAPITALS)					
Your position					
Your phone number					
Your email address					
Your signature	×		Date Day	Month Year	
University or college star	тр				
					_
Did you begin your cours	e?			Yes	☐ No
What was the date you left your course?					
Have you told your university or college that you have left your course?					
Please give the reason for leaving your course.					

Student Declaration

To find out how we'll use the information you provide go to **www.studentfinanceni.co.uk/privacynotice** to read our Privacy Notice.

If you cannot sign the form it must be signed on your behalf by your attorney. The Power of Attorney letter must be sent with the application before a signature from that attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not, I understand I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.
- I agree to give my local SFNI office 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 the my local SFNI office 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	X Month Year
Date	Day Month Year

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