**Application for Change to Registration Status**

On completion, this form should be returned to the Graduate Studies Office. All required sections and signatures must be populated prior to submission of the application.

1. **CANDIDATE DETAILS** (*To be completed by Candidate)*

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| --- | --- |
| **Name of Candidate** |  |
| **Student ID Number** |  |
| **Date of Entry into the Research Programme** |  | **Current Registration Mode**(please tick as appropriate) | Full-time ❒ Part-time ❒ |
| **Title of Award Sought**(please tick as appropriate) | PhD **❒** MA **❒**  MBS **❒**  MEng **❒**  MSc **❒**  |
| **School** |  |
| **Supervisor(s)** | **Principal/****Joint Principals** | **Secondary Internal****(where relevant)** | **Secondary External****(where relevant)** |
|  |  |  |

1. **DETAILS OF CHANGE TO REGISTRATION REQUEST** *(To be completed by Candidate)*

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1. **STUDENT DECLARATION** *(To be completed by Candidate)*

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| I hereby request the above change to my registration status. Sign: \_\_ \_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** **Postgraduate Candidate** |

1. **PRINCIPAL SUPERVISOR(S) AND HEAD OF SCHOOL AGREEMENT**

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| Both Principal Supervisor(s) and Secondary Supervisor(s) must indicate their support for the student’s registration to be changed by signing below:Sign: \_\_ \_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** **Principal Supervisor(s)**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ **Secondary Supervisor**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ **Head of School** |

**Data Protection Notice**

Personal information that you submit to the Graduate Studies Office in connection with any service provision will be treated in accordance with the DkIT Data Protection Policy.