|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WARWICK STUDENT ID NUMBER** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FAMILY NAME** |  | **GIVEN NAMES** |  | **TITLE** |  |
| Course Level: |  | **START DATE** |  | **END OF REGISTRATION** |  |
| Course Name: |  |

|  |  |
| --- | --- |
| **LOCATION / CENTRE** |  |

|  |
| --- |
| **TYPE OF REQUEST**Tick as appropriate and complete the relevant information |
| [ ] **Change to current****Start Date** | New Start Date:  |  |
| Reason:       |
| [ ] **Extension to End****of Registration** | Months:  | New EOR:  |  | [ ] Change from FT to PT |
| Reason:  | [ ] Change from PT to FT |
| [ ] **Course Level Transfer (e.g. PgDip to MSc) OR****Change of Course****(e.g EBM to SCLM)** | CurrentCourse: |  | Desired Course: |  | New EOR (if different):  |  |
| Reason for change:  |
| [ ] **Temporary****Withdrawal** | Months:    | Last Day of Attendance:  |  | Expected Date of Return |  |
| Reason:       | New EOR:  |  |
| [ ] **Permanent****Withdrawal** | Reason:      (e.g. pressure at work) | Date of last Attendance: |  |

[ ] ***Tick here if the student has previously been granted an Extension or Temporary Withdrawal.***

Please make sure to forward all relevant documentation together with this form. Please complete the boxes below for the documentation required/provided:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Document*** | ***Required*** | ***Received*** | ***Attached*** | ***Comment (e.g. Expected next week)*** |
| Academic Supervisor support | [ ]  |  | [ ]  |  |
| Industrial supervisor report | [ ]  |  | [ ]  |  |
| Recovery timing plan | [ ]  |  | [ ]  |  |
| Medical or other evidence | [ ]  |  | [ ]  |  |

**DECISION (to be completed by WMG)**

|  |  |  |
| --- | --- | --- |
| **Request forwarded by:**  | Signed:  | Forward to BGS?[ ]  |
| **Date:**  | Date:  |