|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | Current  Course: |  | | | 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: |