STUDENT RECORD AMENDMENT FORM

This form should be completed by the student and signed by the Course Director. The completed form should be returned to the Registration Office in the Steele Building during Student Services hours.

STUDENT PERSONAL DETAILS
(This section must be completed in all cases)

Student Number: Study Mode:
Surname: Forenames:
Home Address:
Faculty: Course Code:

TYPE OF AMENDMENT
(To be completed by the Student and the Academic Faculty irrespective of the request or the changes indicated)

A. Notification of Withdrawal
B. Change of Course
C. Notification of Leave of Absence / Course Deferral
D. Subject Deferral
E. Application for Exemption
F. Change of Modules
G. Change of Personal Details
H. Other

I certify that the information included on this form is accurate and complete to the best of my knowledge. I accept responsibility for payment of all fees in connection with changes made in this form.

Student’s Signature: Date:

I consent to the amendment requested/indicated by the student in this form.

Course Director’s Signature: _________________________ Date: ____________
SECTION A: NOTIFICATION OF WITHDRAWAL FROM A COURSE

Each student should submit a formal letter of withdrawal to the Course Director stating the last date of attendance. This letter will be retained by the Faculty Office and a copy attached to this form. The student’s ID card must be attached to the Student Record Amendment Form.

Last date of Attendance: ______________________  Verified by Course Administrator __________

Reason for Withdrawal (Please tick)

A - Transferred to another institution ☐  B - Health Reasons ☐
C - Financial Reasons ☐  D - Personal Reasons ☐
E - Gone into Employment ☐  F - Course Reasons ☐
G – Change of Address ☐  H – Other ☐

If other, please specify:  __________________________________________________________________

--------------------------------------------------------------------------

SECTION B: CHANGE OF COURSE

(A change of course should normally be made within two weeks of the start of the first academic year).

New Course:  Code:

Year of Course:  Date Course Commenced:

I CONSENT TO THE CHANGE OF COURSE
(To be completed by the Course Director of the course from which the student is changing.)

Signed:______________________________________________  Date:  __________

I CONFIRM THAT THE STUDENT HAS BEEN ADMITTED TO THE COURSE
(To be completed by the Course Director of the course to which the student is changing.)

Signed: _____________________________________________  Date:  __________

--------------------------------------------------------------------------

SECTION C: NOTIFICATION OF LEAVE OF ABSENCE / COURSE DEFERRAL

Each student is required to submit a written application for leave of absence to the Course Director. The application must include detailed reasons for the request and appropriate documentary evidence, e.g. medical certificate. The written application will be retained by the Faculty Office.

Reasons for Leave of Absence / Course Deferral

____________________________________________________________________________________

____________________________________________________________________________________

Last date of attendance: ______________________  Verified by CA:  ________________________

--------------------------------------------------------------------------
SECTION D: SUBJECT DEFERRAL
You may only defer a subject due to illness or the bereavement of a close relative. Supporting documentation must be provided in either case.

Reason for Deferral: ____________________________________________________________
____________________________________________________________________________

Subjects Deferred: _____________________________________________________________________
____________________________________________________________________________________

Deferral Until: August Exam □  Next Academic Year □  Indefinitely □

Supporting Documentation Provided?  Yes □  No □  Verification by CA: __________
--------------------------------------------------------------------------

SECTION E: APPLICATION FOR EXEMPTION

<table>
<thead>
<tr>
<th>Subject(s) in which you are seeking an exemption</th>
<th>Exemption granted (Yes/No)?</th>
<th>Course Director’s Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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<td></td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supporting Documentation Provided:  Yes □  No □  CA Verification: __________
--------------------------------------------------------------------------

SECTION F: CHANGE OF MODULES
(Students may not change more than once the modules for which they have been enrolled. Changes may only be made within one week of the start of the semester).

<table>
<thead>
<tr>
<th>Modules to be deleted</th>
<th>Modules to be added</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

DECLARATION: The proposed amendments are in accordance with the course requirements.

CA Verification: __________________________  Date: ________________________
SECTION G: CHANGE OF CONTACT / PERSONAL DETAILS:

A – Change of Address ☐  B – Change in Employment Details ☐
C – Change of Telephone Number ☐  D – Change of E-mail address ☐
E – Change of Name ☐

New Details: _____________________________________________________________
______________________________________________________________________________________

*NB: Where a student wishes to change his or her name, the SRAF must be presented with official documentation, for example a current valid passport or driver’s license, which will then be copied and returned to the student.

SECTION H: OTHER

Please Specify: ______________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

FOR OFFICIAL USE ONLY

Registration Department

SRAF Serial Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ Date: ______________________________

Computer Updated ☐  Faculty Notified ☐
Examinations Office Notified ☐  Student Informed of Outcome ☐
Fees changed / Accounts notified ☐

Registration Manager: Signed: ______________________________ Date: ____________

Accounts Department

Financial screen on Prestige Amended ☐  Financial screen hard-copy attached ☐
Hard copy of credit note issued ☐  Hard copy of Invoice issued ☐
Cheque issued ☐  Cheque Number ________________

Any other action (please specify): ______________________________________________

Credit Controller Signature: ______________________________ Date: ____________