# **PGR Course Change Request Form**

If you would like to change your current course, please speak with the PGR Admin Team and your supervisors in the first instance.

**PLEASE READ THIS APPLICATION GUIDANCE BEFORE COMPLETING SECTION 1 OF THE FORM**

**Financial Implications**

Students are advised to consult the Tuition fees scale to check the fee rate of the new course: <https://www.kent.ac.uk/tuition-fees/postgraduate>

If you are in receipt of a foreign loan or scholarship, please contact foreignloans@kent.ac.uk or scholarships@kent.ac.uk for advice prior to submitting your application for clarification that the course change will not impact any existing arrangements

**Student Visa**

If you are attending on a UKVI student immigration arrangement, you are advised to contact visacompliance@kent.ac.uk prior to submitting your application to ensure this will not impact your current visa arrangement. The Student Immigration Compliance Team will routinely be notified when the change of course is approved.

**Additional Advice and Guidance**

Should you need any additional advice, please contact [Kent Union Advice Service](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fksu.co.uk%2Fhere-for-you%2Fadvice&data=05%7C02%7CA.J.Whiffen%40kent.ac.uk%7C1e5b1575a8794cb0c3b508dcaca47b38%7C51a9fa563f32449aa7213e3f49aa5e9a%7C0%7C0%7C638575069646230448%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=hK%2FaQdrKbMuSkpNA5%2FubbAKJjeQD5%2FKT2edwfKBg1O0%3D&reserved=0).

## Section 1 – to be completed by the Student

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| First Name:  |  | Last Name:  |  |
| Email Address:  |  | Kent ID No.:  |  |
| School:  |  | Division:  |  |
| Award: (eg MA-R/MSc-R/MPhil/PhD) |  | Course Title:  |  |
| Course Start Date:  |  | Course End Date:  |  |
| Supervisor(s):  |  | Mode of Attendance:  | Full-Time [ ] Part-Time [ ]  |
| Funder (if applicable):  |  | Student Visa (Previously Tier 4): | Yes [ ] No [ ]  |
| New Course Title and Award:  |  | Date of Change: |  |
| Reason for Change: |  |
| Student: | e-signature: Date:  |

## Section 2 – to be completed by the Supervisor

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| Please indicate your approval for the course transfer and make any comments below: |
|  |
| Supervisor: | Print name and e-signature: Date:  |

## Section 3 – to be completed by the Divisional Director of Graduate Studies

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| Please indicate your approval for the course transfer and make any comments below: |
|  |
| Divisional Director of Graduate Studies: | Print name and e-signature: Date:  |