



# CHANGE OF COURSE (MODULE) FORM

UNIVERSITY OF LEEDS

For use **only** where no change of programme is involved

**STUDENT PLEASE COMPLETE SECTION 1 AND OBTAIN APPROVAL OF THE SCHOOLS OFFERING AND RELEASING YOU FROM ALL MODULES LISTED. SUBMIT THIS FORM TO YOUR PARENT SCHOOL WITHOUT DELAY. UNTIL THE FORM IS SUBMITTED TO AND PROCESSED BY YOUR PARENT SCHOOL YOU ARE NOT GUARANTEED A PLACE ON ANY NEW MODULES AND THEY WILL NOT APPEAR IN YOUR ONLINE TIMETABLE OR VLE PAGES. YOU MAY BE CHARGED A LATE FEE, IF THE FORM IS RETURNED AFTER THE PUBLISHED DEADLINES.**

**1** Student ID Number:

Last Name: \_\_\_\_\_

Forenames: \_\_\_\_\_

Degree (e.g. BSc, BA) \_\_\_\_\_

Programme of Study: \_\_\_\_\_ Year of Programme 1 2 3 4

**SCHOOL OFFERING NEW COURSE(S)** If you agree to this request please initial the form. Keep a copy for your records and pass the form to the Releasing School.

## 2 NEW COURSES TO BE TAKEN (For Part of Term: 1 – Semester 1; 2 – Semester 2; 3 – Semester 1 & 2)

CRN	SUBJECT & COURSE CODE	COURSE TITLE	CREDITS	PART OF TERM	AUTHORISED BY (INITIALS)
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____

**RELEASING SCHOOL** If you agree to this request please initial the form. Keep a copy for your records and pass the form to the Parent School.

## 3 COURSES TO BE DISCONTINUED (For Part of Term: 1 – Semester 1; 2 – Semester 2; 3 – Semester 1 & 2)

CRN	SUBJECT & COURSE CODE	COURSE TITLE	CREDITS	PART OF TERM	AUTHORISED BY (INITIALS)
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____	_____	_____

**PARENT SCHOOL** If you agree to this request please sign the form and update the student record. Keep a copy for your records.

## 4 APPROVAL OF PARENT SCHOOL

APPROVAL SIGNATURE

SCHOOL

DATE