ROYAL AGRICULTURAL UNIVERSITY COURSE TRANSFER FORM

Brief reason(s) for proposed change:

Tier 4/Student Visa student: YES □ NO□



Before you decide to change your course you should seek academic advice with someone in your academic department. If your new course is in a new department then you should also seek advice in that department.

Once you have discussed the above and reached a decision that you want to change your course you will need to apply formally using this RAU Course Transfer Form.

Please note that changes for the current academic year will be accepted if: a) they are approved by the academic department/s involved and b) they are submitted by the end of the second week of Term 1.

The deadline is to ensure that you are able to start attending lectures and workshops for the new course as soon as possible. Applications which are submitted after the deadline are normally refused but may be exceptionally approved with conditions.

Students who wish to change their degree programme must complete this form and have approval from each academic staff member concerned. This form should be completed by the student, relevant Course Managers and the Head of the Academic Department.

Course Details Student's Current Co	6 (to be completed by R ourse	egistry Staff)	
Course Instance (e.g. AG1F):	Full Title of Course:		
Proposed New Cours	se		
Course Instance (e.g. D1F):	Full Title of Course:		
Personal Deta	ils (to be completed by	y Student)	
Title (Mr/Mrs/Miss/Ms/e	tc.): First Name:	Last Name:	Student Number:
Name of Personal Tutor:		Students are advised to inform their Personal	

courses.

Tutor that they are requesting to transfer

Current Course Manager:	urse - Approval by Academic Staff
	at death and a second this condition to the form
	student and support this application for a transfer
Signature of Current Course Manager:	Date:
New Cou	rse - Approval by Academic Staff
New Course Manager:	
I have discussed this change with the	student and support this application for a transfer
Signature of New Course Manager:	Date:
Signature of Head of Academic Centre:	Date:
	Student Signature
I wish to proceed with this application	n to transfer my course as detailed above.
Signature of Student:	Date:
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	to the Registry Office, in the Student Hub in the Emrys Jonce is open Monday to Friday 9am to 5pm.
Registry Confirmation (to be complete	ed by Registry Staff upon return of form)
Fully completed form returned to Reg	gistry by student
Signature of Registry Staff Member:	Date: