

FORM UPR4

Notification of a Change Affecting the Registration of a Postgraduate Research Student (including Stage 2 Part 2 Professional Doctorate Students)



Please complete and return the form to your First Supervisor

Postgraduate Research Student (PGRS) Information		Student ID:	<input type="text"/>
PGRS Name:	<input type="text"/>		
Department:	<input type="text"/>	First Supervisor:	<input type="text"/>
<p>Before completing this form please ensure that you are aware of the Tuition Fee Policy and other guidance regarding tuition fees and refunds, available at myport.port.ac.uk/article-hub article #2230</p> <p>International students should contact ukvi-student-compliance@port.ac.uk to check what impact the change to registration would have on their visa.</p>			

Interruption (Deferred Registration/Suspension)		Reason
<p>The Tuition Fee Policy contains important information for students resuming their studies after a period of suspension, which you should read. For further clarification on any fee liability you will have on your return to study, please contact cosforms@port.ac.uk</p>		
Date From (dd/mm/yy):	<input type="text"/>	<input type="text"/>
Date To (dd/mm/yy):	<input type="text"/>	

Change in Mode of Study (Not applicable to Prof Doc students)		Reason
To:	Full-time <input type="checkbox"/> or Part-time <input type="checkbox"/>	<input type="text"/>
Date (dd/mm/yy):	<input type="text"/>	

Change of Course (I.e. Prof Doc to PhD, PhD to MPhil)		Reason
To:	<input type="text"/>	<input type="text"/>
Date From (dd/mm/yy):	<input type="text"/>	

Withdrawn		Reason
Date From (dd/mm/yy):	<input type="text"/>	<input type="text"/>

Signatures:
The signatories listed below must see and acknowledge this form by inserting a JPEG electronic signature at picture icon(s) or attaching email confirmation.

PGRS:	<input type="text"/>	Date: <input type="text"/>
First Supervisor:	<input type="text"/>	Date: <input type="text"/>
Departmental Research Degrees Coordinator:	<input type="text"/>	Date: <input type="text"/>
Chair, Faculty Research Degrees Committee	<input type="text"/>	Date: <input type="text"/>

Once signed by the Chair, FRDC, please send to researchdegrees@port.ac.uk and cosforms@port.ac.uk

DSAA USE ONLY SUSPENSION

Fees Amended

From: _____ To: _____ Percentage: _____

Sponsor Code: _____ Sponsor Refund Amount: _____

Fees Not Amended

Past deadline Other _____

SSN Number Present

SLC Portal Updated Initials: _____ Date: _____

DSAA USE ONLY TRANSFER

Fees Amended

Mode Change Course Fee Differs Sponsor Split

From: _____ To: _____ Percentage: _____ Refund: _____

From: _____ To: _____ Percentage: _____ Refund: _____

Fees Not Amended

Fee Moved to Registered Record Other _____

SSN Number Present

SLC Portal Updated Initials: _____ Date: _____

DSAA USE ONLY WITHDRAWAL

Fees Amended

From: _____ To: _____ Percentage: _____

Sponsor Code: _____ Refund Amount: _____

Fees Not Amended

Past deadline Other _____

SSN Number Present

SLC Portal Updated Initials: _____ Date: _____