



Department for  
Education and Employment

# Change of circumstances

This document is also available in Welsh/Maer ddogfen hon hefyd ar gael mewn Cymraeg

- If your circumstances change at any stage, you must inform your Local Education Authority (LEA) immediately so that they can determine if this has any effect on your support.
- Please complete Part A, then Parts B to G as appropriate, sign the form and send it to your LEA.
- Please use black ink and CAPITALS only.
- Where tick boxes appear, please tick those that apply.

## Part A: To be completed by ALL students

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other ▶	<input type="text"/>			
Surname or family name	<input type="text"/>			Student support number (SSN) (if known)	<input type="text"/>				
First name(s)	<input type="text"/>			Date of birth	<table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> </table>		DAY	MONTH	YEAR
DAY	MONTH	YEAR							

## Part B: Change of name

New title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other ▶	<input type="text"/>			
New surname or family name	<input type="text"/>			Date of change	<table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> </table>		DAY	MONTH	YEAR
DAY	MONTH	YEAR							
New first name(s)	<input type="text"/>			Brief reason for change - please provide evidence (for example, marriage certificate, deed poll)	<input type="text"/>				

## Part C: Change of home address and/or telephone number

New home address	Date of change to home address and/or telephone number			
<input type="text"/>	<table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> </table>	DAY	MONTH	YEAR
DAY	MONTH	YEAR		
Postcode	New home telephone number (including dialling code)			
<input type="text"/>	<input type="text"/>			

## Part D: Change of university/college

Name of university/college where you <b>were</b> studying	Name of university/college where you <b>will</b> be studying
<input type="text"/>	<input type="text"/>
UCAS university/college code (if known)	UCAS university/college code (if known)
<input type="text"/>	<input type="text"/>
Is your new course being run under a franchise arrangement from another university/college? <b>Do not answer this question unless your new course is full-time or a part-time course of initial teacher training.</b>	
<input type="checkbox"/> Yes ▶ Please give the name of the main (franchising) university/college	<input type="text"/>
<input type="checkbox"/> No	
Did the transfer take place after starting your course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you change your university/college you must also complete Part E on page 2.  
Please attach a copy of your new/revised offer OR your UCAS form if you have one.

## Part E: Change of course

<p>Full title of course you <b>were</b> studying or <b>were intending</b> to study <i>(for example, MA French Literature)</i></p> <input style="width: 100%; height: 20px;" type="text"/> <p>UCAS course code <i>(if known)</i> <input style="width: 100%; height: 20px;" type="text"/></p> <p>UCAS campus code <i>(if known)</i> <input style="width: 100%; height: 20px;" type="text"/></p> <p>What type of course is your <b>new</b> course?</p> <p><input type="checkbox"/> Full-time    <input type="checkbox"/> Part-time</p> <p>Length of <b>new</b> course in years <input style="width: 100%; height: 20px;" type="text"/></p> <p>Will your term address be:</p> <p><input type="checkbox"/> halls of residence?</p> <p><input type="checkbox"/> private accommodation?</p> <p><input type="checkbox"/> with parents?</p> <p>Is this change a result of a transfer after starting your course?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Full title of course you <b>will</b> be studying <i>(for example, MA French Literature)</i></p> <input style="width: 100%; height: 20px;" type="text"/> <p>UCAS course code <i>(if known)</i> <input style="width: 100%; height: 20px;" type="text"/></p> <p>UCAS campus code <i>(if known)</i> <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date you will start your <b>new</b> course</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table> <p>Date you will finish your <b>new</b> course</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table> <p>What year of the course are you entering <i>(for example, 1, 2, foundation)</i>? <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>New</b> term time address <i>(if known)</i></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p style="text-align: right;">Postcode</p>	DAY	MONTH	YEAR	DAY	MONTH	YEAR
DAY	MONTH	YEAR					
DAY	MONTH	YEAR					

## Part F: Leaving or suspending studies

Date you left or suspended studies	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table>	DAY	MONTH	YEAR	
DAY	MONTH	YEAR			
Do you intend to return to Higher Education?					
<input type="checkbox"/> Yes	▶ When will you return?	<input type="checkbox"/> same course?			
<input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table> ▶ Do you intend to return to:	DAY	MONTH	YEAR	<input type="checkbox"/> different course? ▶ <i>Please ensure that you have completed Part E.</i>
DAY	MONTH	YEAR			
If you intend to return, will you be repeating any period of study?					
<input type="checkbox"/> Yes	▶ What period will be repeated?	<input style="width: 100%; height: 20px;" type="text"/>			
<input type="checkbox"/> No					
Please give the reason for leaving/suspending studies.					
<input style="width: 100%; height: 100%;" type="text"/>					
Have you notified your university or college that you have left your course? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Part G: Other changes

If you have any other changes which are not covered by this form, please enter the details here.
<input style="width: 100%; height: 100%;" type="text"/>

## Declaration ~ to be signed by all students

<ul style="list-style-type: none"> <li>I declare that the information I have given in this form is correct to the best of my knowledge and belief.</li> <li>I will immediately notify the LEA in writing of any subsequent changes in my circumstances which may affect my eligibility or entitlement to support.</li> </ul>				
Signed <input style="width: 90%; height: 20px;" type="text"/>	Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table>	DAY	MONTH	YEAR
DAY	MONTH	YEAR		

**Please return this form to your Local Education Authority.**