SCHOOL OF MATHEMATICS

APPLICATION FORM TO CHANGE OPTIONS

Students who wish to change their options after the end of Week 2 of a Semester need written permission from the Senior Tutor. You must complete this form and then submit it (in person) to the Senior Tutor (Dr. R. M. Thomas, Room 1.108, Alan Turing Building).

Student’s Name ……………………………… …...……………………………………………

Registration Number: …………………………………………………………………………………

Degree Programme …………………………………………………………………………………
(for example, MMath Mathematics, BSc Mathematics with Financial Mathematics etc.)

Year of Study (1st, 2nd, 3rd, 4th) ……………………………………………………………

Student’s University E-mail Address ……………………………………………………………

Name of Academic Advisor ………………………………………………………………………

Code and Title of Course Unit which you want to drop ………………………………………
…………………………………………………………………………………………………..

Code and Title of Course Unit which you want to take instead ………………………………
…………………………………………………………………………………………………..

Have you taken the pre-requisites for the course unit which you want to take? ……………

Would this change of options lead to any timetable clashes? If so, please give full details.
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Have you been attending lectures for the course unit you want to take? If not, how do you propose to catch up on the material you have missed?
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(Single Honours Students only) Are you taking (or will you be taking) any outside course units in the current academic year? If so, please give their code and title, and their credit rating.

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(Third Year Students only) Are you taking (or will you be taking) any Level 2 course units in the current academic year? If so, please give their code and title, and their credit rating.

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(Third and Fourth Year Students only) Does your change of options involve one or more of the project options? If so, please give the code of the course unit, the credit rating and the name of your project supervisor.

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Please give below any further information that you think may be relevant to this application.

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PLEASE SIGN THE FOLLOWING DECLARATION

I confirm that I have studied the syllabus for the course unit that I wish to take and understand all the implications of my change of options. I understand that it is my responsibility to undertake remedial action in order to transfer successfully to the new course unit.

(Student’s Signature) ................................................................. (Date) ...........................................

PRINT NAME ..............................................................................................................................
THE SENIOR TUTOR WILL SIGN THE SLIP BELOW AND RETURN IT TO YOU, GIVING PERMISSION FOR YOU TO CHANGE ONE (OR MORE) OF YOUR OPTIONS.

Student’s Name and Registration Number .................................................................

Year of Study and Degree Programme .................................................................

I give permission for the above student to change their options as follows

Drop ............................................................................................................................

Replace by ....................................................................................................................

Signed .........................................................................................................................

Date ..............................................................................................................................