|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | | | | http://www.port.ac.uk/departments/services/marketingandcommunications/corporateidentity/logo/filetodownload,199986,en.jpg |
| **Postgraduate Research Student (PGRS) Information** | | | **Student ID:** |  |
| **PGRS Name:** |  | | | |
| **Department:** |  | **First Supervisor:** |  | |
| 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](https://myport.port.ac.uk/article-hub) article #2230  International students should contact [ukvi-student-compliance@port.ac.uk](mailto:ukvi-student-compliance@port.ac.uk) to check what impact the change to registration would have on their visa. | | | | |

|  |  |  |
| --- | --- | --- |
| **Interruption**  **(Deferred Registration/Suspension**) | | Reason |
| 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](mailto:cosforms@port.ac.uk) | | |
| **Date From** (dd/mm/yy)**:** |  |  |
| **Date To** (dd/mm/yy)**:** |  |

|  |  |  |
| --- | --- | --- |
| Change in Mode of Study(Not applicable to Prof Doc students) | | Reason |
| **To:** | **Full‑time**  ***or* Part‑time** |  |
| **Date From** (dd/mm/yy)**:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Change of Course(I.e. Prof Doc to PhD, PhD to MPhil) | | | Reason |
| **To:** |  | |  |
| **Date From** (dd/mm/yy)**:** | |  |

|  |  |  |
| --- | --- | --- |
| Withdrawn | | Reason |
| **Date From** (dd/mm/yy)**:** |  |  |

|  |  |  |
| --- | --- | --- |
| **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:** |  | **Date:** |
| **First Supervisor:** |  | **Date:** |
| **Departmental Research Degrees Coordinator:** |  | **Date:** |
| **Chair, Faculty Research Degrees Committee** |  | **Date:** |
| **Once signed by the Chair, FRDC, please send to** [**researchdegrees@port.ac.uk**](mailto:researchdegrees@port.ac.uk) **and** [**cosforms@port.ac.uk**](mailto:cosforms@port.ac.uk) | | |