**RECOMMENDATION FOR TRANSFER OF REGISTRATION**

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| --- | --- |
| **Section A- Student details** | |
| **Student ID Number** |  |
| **Name** |  |
| **School/ Institute/ Dept** |  |
| **Are you in receipt of any funding?** | Yes | No |
| **If yes please give details**  (e.g. Research Council, US Loan recipient etc.) |  |
| **Are you a Tier4/ Student Route visa holder?**  **Please note that a transfer of registration might affect your immigration status.** | Yes | No |
| **If yes, please confirm that you have discussed any visa implications with International Advice and Guidance** [**https://www.liverpool.ac.uk/studentsupport/international/**](https://www.liverpool.ac.uk/studentsupport/international/) | **Date discussed with IAG:** |
| **Section B- Recommendation** | |
| □ **1a.** That the current registration for PhD be transferred to MPhil   * Is this transfer requested following a progress procedure? Yes □ No □   □ **1b.** That the current registration for MPhil be transferred to PhD  Transfer of registration to be effective from (date): | |
| □ **2a.** The current registration be changed from MD to PhD  □ **2b.** The current registration be changed from PhD to MD  **Please note:** This request requires exceptional approval.  Transfer of registration to be effective from (date): | |
| □ **3.** The current registration be changed to;  a) Full Time □ b) Part Time □ (please tick)  Transfer of registration to be effective from (date):  **Please bear in mind that the part time study period for PhD at the University is 6 years overall, the transfer FT to PT will be pro rata to this. Please also note that no more than one change should be made.** | |
| Please use this box to give a brief justification for recommendations 2 & 3. | |
| **Student Signature: Date** | |
| **Section C- Approval of Primary Supervisor** | |
| **Name** | **Signature** |
| **Date** |  |
| **Section D- Approval of School/ Institute PGR Director** | |
| **Name** | **Signature** |
| **Date** |  |
| **Section E- Approval of Faculty PGR Director** (only required for recommendations 2 & 3) | |
| **Name** | **Signature** |
| **Date** |  |