**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 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 PhDTransfer 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 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** |  |