

Amendment to Registration Form (Research Programmes)

Approval by Research Degrees Committee

Section 1: Applicant Comment

To be completed by the applicant (Section 1 only).

This form should be typed and submitted electronically. It is advisable that you consult with your Supervisor before making an application to amend your registration.



Student Name:		Heriot-Watt Person ID:	
School:		Initial Registration Date:	
Study Programme:		Mode of Study:	
Location:		Stage of Study:	
Are you on a student visa:			

Extension to Period of Study		Duration of extension in months:	
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Please provide full details of your reason for the above request: (no more than 1500 words):

Supporting evidence required: Please attach your evidence and list below e.g. medical note etc (If you do not have an electronic copy of the supporting evidence you should submit hard copies to the School PGR Office):

Give details of previous amendments approved by School or Research Degrees Committee:

Student Declaration: I agree with this application to amend my registration and if it is approved, will abide by its conditions.

**Signature of Student:		Date:	
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****If you are unable to submit an electronic image of your signature, please type your name above. The University will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.**

PLEASE SAVE WITH FILENAME: AMREG_Your Family Name, First Name Initial e.g AMREG_Smith, J

Section 2: School Comment

To be completed by Supervisor

This form should be typed and submitted electronically

Name of Staff Member:	
Position:	

Please provide a statement in support of the amendment to registration request:

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Please give details of Schedule to Completion agreed with the student:

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**Signature:		Date:	
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****If you are unable to submit an electronic image of your signature, please type your name above. The University will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.**

Section 3: School Authorisation

To be completed by the Director of PGR

**Signature:		Date:	
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****If you are unable to submit an electronic image of your signature, please type your name above. The University will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.**

Please email this completed form to deansadministrator@hw.ac.uk.

SAVE FILE AS: AMREG_Student's Family Name, First Name Initial e.g AMREG_Smith, J

Section 4: RDC Authorisation

To be completed by the Research Degrees Committee

Approved		Comments/Conditions
Not Approved		
Approved – subject to conditions		

Signature of Chair:		Date:	
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