**Application for Change to Mode of Study**

**(Full-Time to Part-Time or Part-Time to Full-Time)**

Applications for a change to mode of study should be submitted as soon as possible when the need to change your mode of study is identified.

Whilst it is expected that changes to mode of study would only occur ***once*** during the PGR candidature, it is recognised that there may be exceptional circumstances where a PGR Student needs to revert to their original mode of study.

This form should be completed in full, signed by the PGR student and supervisor then returned by email with supporting documents (if applicable) to the [**Graduate School**](mailto:gradschool.socsci@glasgow.ac.uk). Applications to change mode of study in the 3rd year (Full-Time) or 5th year (Part-Time) must be accompanied by an approved [Completion Plan](https://www.gla.ac.uk/media/Media_516409_smxx.docx).

Please note that we are happy to accept e-signatures on this application. Regretfully we are unable to progress the form until it has been fully completed and signed.

**Student Details**

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| **Student name:** |  |
| **Student ID:** |  |

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| **Do you hold a Tier 4 or Student Visa?** | Choose an item.  *Please note if you hold a Tier 4 or Student Visa you are required to be enrolled on a Full-Time basis and you are therefore unable to change to Part-Time.* |
| **Current Mode of Study:** | Choose an item. |
| **Current Submission Date:** | Click or tap to enter a date. |

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| **Principal Supervisor:** |  |
| **Second Supervisor/s:** |  |

**Funding Details**

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| **Funding source:** |  |
| **If ‘Other’ please specify:** |  |

*Note that some funders may need to approve this application. If your funding is administered by the Graduate School, we will seek funder approval (if applicable).*

**Change in Mode of Study details**

CoSS Graduate School recommends that, where possible, changes to mode of study should take effect on the 1st of a month.

Part-Time PGR students are expected to progress at 60% of a Full-Time student. Your new Thesis Submission date, any funding end date and stipend value will be re-calculated based on this.

Please note that a case to change Mode of Study may not be considered if it is made in the last six months of PGR candidature or will apply only to the last six months of candidature except in very exceptional circumstances, i.e. illness or students returning from maternity/adoption leave.

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| **New Mode of Study:** | Choose an item. |
| **Effective date:** | Click or tap to enter a date. |
| **Reason for change:** | Choose an item. |
| **If ‘Other’ please specify:** |  |
| *If your reason is for health reasons, you may wish to consider contacting and registering with the University’s Disability Service (*[*https://www.gla.ac.uk/myglasgow/disability/*](https://www.gla.ac.uk/myglasgow/disability/)*) whose mission is to empower students with disabilities, learning difficulties and medical conditions, to experience in full what the University has to offer.* | |
| **Is the change permanent or temporary:** | Choose an item. |
| ***If temporary, date on which you will revert to your original mode of study:*** | Click or tap to enter a date. |

*If your change of mode of study is temporary and you do not yet know the date you will revert to your original mode of study, you will need to complete a new Application to Change to Mode of Study form when you wish to revert to your original mode of study.*

**Student statement**

Please provide further details of the reasons for the change to mode of study and attach appropriate supporting documentation (if applicable) to this form when submitting.

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**Student Declaration**

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| **Student Name:** |  |
| **Signature:**  Please sign or attach an electronic signature |  |
| **Date:** | Click or tap to enter a date. |

**Supervisor statement**

Please provide details on what stage the student is at, their progress up to now and the likely impact of a change of mode of study to on-time completion.

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**Supervisor Declaration**

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| I confirm that I approve the application and agree that the change of mode of study requested is commensurate with the circumstances and evidence provided. | |
| **Supervisor Name:** |  |
| **Signature:**  Please sign or attach an electronic signature | A white square with a blue border  Description automatically generated |
| **Date:** | Click or tap to enter a date. |