

Change of Department Application form

Signature:

Section 1: To be completed by the student

Surname: Forename(s):

Email address:	CRSid:	
	USN:	
Your current Department:		
Department you wish to transfer to:		
Your current course:		
Name of new course:		
Term from which you wish to transfer		
Reason(s) for application (continue or	separate sheet if necessary):	
I confirm that the information given in	this application is complete and true	

Date:

Declined () Comments:		
, ,		
	1.2.	1=
Name:	Signature:	Date:
	eted by the new Department	
Name of Department:		
Name of new course:		
Plan code for new course:		
Approved ()		
Declined ()	h effect force /Temp N/con	
Change of department with	h effect from (Term/Year):	
Expected date of thesis/di	ssertation submission (for MPhil, I	MRes, MEd*):
Comments:		
Name:	Signature:	Date:

Section 4: To be completed by the new Degree Committee					
Change of depa (Term/Year)	rtment with effe	ect from:			
Name of new co	urse:				
Plan code for new course:					
Expected date of	f thesis/dissert	ation submission (for MPhil, MRes, M	Ed*):		
Approved ()					
Declined ()					
Comments:					
Neme		Cimantura	Deter		
Name:		Signature:	Date:		
Section 5: To be completed by the sponsor/funding body (not needed if student is self-funding)					
•		full funding awarded for the student's se. If the amount will be different, pleas			
Comments:					
Name:		Signature:	Date:		

Please be aware that in order for your current Department, College and Student Registry to consider the change, you must now make an online application, ensuring you upload this form.

https://www.cambridgestudents.cam.ac.uk/your-course/graduate-study/your-student-status/changing-your-departmentfaculty Your application will not be processed if you do not upload this form to your online application.