**FORM RD8**

**APPLICATION TO CHANGE MODE OF STUDY (full-time/part-time)**

**Notes**:

* Three months of full time study is equivalent to five months of part-time study. Following any change from full- to part-time registration (or vice versa) the period of registration remaining will be re-calculated on this basis.
* Changing mode of study may affect the amount of fees charged in any one year, although the *tota*l cost of the programme of study should be broadly the same. More detailed guidance can be sought from the Research Degrees Team.
* ***Students may not change mode of study once the standard end date has been reached.***

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| 1 STUDENT DETAILS | |
| Name | Click or tap here to enter text. |
| Matriculation number | Click or tap here to enter text. |
| School | Choose an item. |
| Director of Studies | Click or tap here to enter text. |
| Date of registration | Click or tap to enter a date. |
| Current target degree | Choose an item. |
| Mode of study | Choose an item. |

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| 2 CHANGE OF MODE OF STUDY | | | | | |
| Original  mode of study | Choose an item. | New  mode of study | Choose an item. | Effective from (date) | Click or tap to enter a date. |
| Reason/s for change (please give brief details below) | | | | | |
| Click or tap here to enter text. | | | | | |
| Student signature | |  | | | |
| Date | | Click or tap to enter a date. | | | |
| 3 SUPERVISORS’ RECOMMENDATION | | | | | |
| Having considered all aspects of the candidate’s progress, and the circumstances outlined above, we recommend that the mode of study should be changed as requested above. | | | | | |
| Signature of  **Director of Studies** | |  | | | |
| Date | | Click or tap to enter a date. | | | |
| Signature of  **Second Supervisor** | |  | | | |
| Print name | | Click or tap here to enter text. | | | |
| Date | | Click or tap to enter a date. | | | |
| Signature of  **Independent Panel Chair** | |  | | | |
| Print name | | Click or tap here to enter text. | | | |
| Date | | Click or tap to enter a date. | | | |

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| 4 FORMAL APPROVAL OF THE SUPERVISORS’ RECOMMENDATION | |
| I confirm that the recommendation has been approved by the School Research and Innovation Committee | |
| Signature of  **School Research Degrees Leader** |  |
| Print name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

**FOLLOWING SCHOOL APPROVAL, A COPY OF THIS FORM SHOULD BE SENT TO:**

Research Degrees Team, RIE, Room H18, Merchiston Campus [researchdegrees@napier.ac.uk](mailto:researchdegrees@napier.ac.uk)

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| **NB: IF A STIPEND PAYMENT IS TO BE STOPPED or CHANGED, FORMAL NOTIFICATION**  **MUST ALSO BE SENT SEPARATELY TO THE RESEARCH DEGREES OFFICER** |