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| **FORM UPR4**Notification of a Change Affecting the Registration of a Postgraduate Research Student (including Stage 2 Part 2 Professional Doctorate Students)Please complete and return the form to your First Supervisor | http://www.port.ac.uk/departments/services/marketingandcommunications/corporateidentity/logo/filetodownload,199986,en.jpg |
| **Postgraduate Research Student (PGRS) Information** | **Student ID:** |       |
| **PGRS Name:** |       |
| **Department:** |       | **First Supervisor:** |       |
| Before completing this form please ensure that you are aware of the Tuition Fee Policy and other guidance regarding tuition fees and refunds, available at [myport.port.ac.uk/article-hub](https://myport.port.ac.uk/article-hub) article #2230International students should contact ukvi-student-compliance@port.ac.uk to check what impact the change to registration would have on their visa. |

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| **Interruption****(Deferred Registration/Suspension**) | Reason |
| The Tuition Fee Policy contains important information for students resuming their studies after a period of suspension, which you should read. For further clarification on any fee liability you will have on your return to study, please contact cosforms@port.ac.uk  |
| **Date From** (dd/mm/yy)**:** |       |       |
| **Date To** (dd/mm/yy)**:** |       |

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| Change in Mode of Study (Not applicable to Prof Doc of PhD by Publication students) | Reason |
| **To:**  | **Full‑time** **[ ]  *or* Part‑time** **[ ]** **On Campus [ ]  *or*** **Distance Learning [ ]**  |       |
| **Date From** (dd/mm/yy)**:** |       |

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| Change of Course (I.e. Prof Doc to PhD, PhD to MPhil) | Reason |
| **To:**  |       |       |
| **Date From** (dd/mm/yy)**:** |       |

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| Withdrawn | Reason |
| **Date From** (dd/mm/yy)**:** |       |       |

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| **Signatures:**The signatories listed below must see and acknowledge this form by inserting a JPEG electronic signature at picture icon(s) or attaching email confirmation. |
| **PGRS:** |  | **Date:**       |
| **First Supervisor:** |  | **Date:**       |
| **Departmental Research Degrees Coordinator:** |  | **Date:**       |
| **Chair, Faculty Research Degrees Committee** |  | **Date:**       |
| **Once signed by the Chair, FRDC, please send to** **researchdegrees@port.ac.uk** |