**School of Physics and Astronomy**

PEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS.

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| --- | --- |
| Student Number |  |
| Level of study (please circle): | UG/PG |
| Forename: |  |
| Surname: |  |
| Gender: |  |
| Telephone: |  |
| College Email: |  |
| Fee Status (please circle): | Home/EU/Overseas (if overseas, which visa?): |

**Please list all modules you are taking, including the project:**

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| --- | --- | --- | --- | --- |
| **Institution** *(QMUL, UCL etc.)* | **QMUL Module Code** | **Module Title** |  **CreditValue** | **Semester (A or B)** |
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*(Module code prefix depends on the institution: QMUL (SPA), RHUL (INR), KCL (INK), UCL (INU). Module codes end in U if you are UG or P if you are PG i.e. SPA7001****U*** *or SPA7001****P****)*

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE CLOSING DATE FOR RECEIPT OF THIS FORM IS FRIDAY 6TH OCT 2023**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_QMUL AUTHORISATION:**

QMUL Intercollegiate Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date sent to Registry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_