



**Change of Department  
Application form**

**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 (term and year, eg: Lent Term 2020):	
Reason(s) for application (continue on separate sheet if necessary):	
I confirm that the information given in this application is complete and true	
Signature:	Date:



**Section 4: To be completed by the new Degree Committee**

Change of department with effect from: (Term/Year)		
Name of new course:		
Plan code for new course:		
Expected date of thesis/dissertation submission (for MPhil, MRes, MEd*):		
Approved ( )		
Declined ( )		
Comments:		
Name:	Signature:	Date:

**Section 5: To be completed by the sponsor/funding body (not needed if student is self-funding)**

Please sign to confirm that the full funding awarded for the student's current course will be transferred to the new course. If the amount will be different, please provide details.		
Comments:		
Name:	Signature:	Date:

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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.**