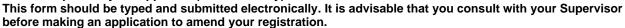
Amendment to Registration Form (Research Programmes)

Approval by Research Degrees Committee

Section 1: Applicant Comment

To be completed by the applicant (Section 1 only).



Student Name:	Herio	t-Watt Person ID:							
School:	Initia	Registration Date:							
Study Programme:	Mode	of Study:							
Location:	Stage	e of Study:							
Are you on a student visa:									
Extension to Period of Study	Duration of extension in months:	of extension in months:							
Please provide full details of yo	our reason for the above request: (no m	ore than 1500 words):							
Supporting evidence required: Please attach your evidence and list below e.g. medical note etc (If you do not have an electronic copy of the supporting evidence you should submit hard copies to the School PGR Office):									
Give details of previous amendments approved by School or Research Degrees Committee:									
Student Declaration: I agree with	h this application to amend my registration and	if it is approved, will abide	by its conditions.						
**Signature of Student:		Date:							
**If you are unable to submit a	n electronic image of your signature, please	type your name above	The University will						

**If you are unable to submit an electronic image of your signature, please type your name above. The University will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.

PLEASE SAVE WITH FILENAME: AMREG_Your Family Name, First Name Initial e.g AMREG_Smith, J

Section 2: School Comment
To be completed by Supervisor
This form should be typed and submitted electronically

Name of Staff Mem	ber:																			
Position:																				
Please provide a sta	ataman:	nt in (sunnor	t of th	ne an	nend	lman	nt to	ren	iietr:	atio	n roc	TUAS	t •						
Please provide a statement in support of the amendment to registration request:																				
Please give details of	of Sche	edule	e to Co	mplet	tion a	agree	ed w	ith t	he s	stud	lent:									
**Signature:															Date:					
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Section 3: Sch	ool Aı	Lutha	orisati	ion																
To be completed					ìR															
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**Signature:															Date:					
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Section 4: RDC	Autho	oris	sation																	
To be completed	by the	e Re	search	ı Deg	rees	Cor	mmit	ttee												
Approved		Cor	mment	s/Co	nditi	ons														
Not Approved	_																			
Not Approved																				
Approved –																				
subject to																				
conditions																				
Signature of Chair:									_	_	_	_	_		Date:		 _			