

**Semester A - Intercollegiate Course Registration Form for QMUL Students**

**SESSION 2023/24**

**QM Student number:**

**Department/School:**

**Level of study (please circle):**

**UG PG**

**First name: Family name:**

**Date of birth:**

**Title**

**Status (please circle): Home Overseas**

**Telephone number(s):**

**Email:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Intercollegiate  Institution | Intercollegiate  Module Code | Intercollegiate  Module Value | Module Level  (4, 5, 6 or 7) | Intercollegiate  Module Title | Examination / Coursework |
|  |  | credits |  |  |  |
|  |  | credits |  |  |  |
|  |  | credits |  |  |  |
|  |  | credits |  |  |  |

Please let us know the Queen Mary Module you would like removed from your current record and replaced with the above intercollegiate module selection. **This must be an elective module of the same credit value.**

|  |  |  |  |
| --- | --- | --- | --- |
| Queen Mary Module Code | Queen Mary Module Title | Module Value | Module Level  (4, 5, 6 or 7) |
|  |  | credits |  |
|  |  | credits |  |
|  |  | credits |  |
|  |  | credits |  |

**Department Approval**

Approval is required from both your School at Queen Mary and the Intercollegiate institution you will study at:

|  |  |  |
| --- | --- | --- |
| QM Adviser Name | Signature | Contact Details |
|  |  | Telephone: |
| Email: |
| Intercollegiate Adviser Name | Signature | Contact Details |
|  |  | Telephone: |
| Email: |

**Student signature:**

**THE CLOSING DATE FOR RECEIPT OF THIS FORM IS FRIDAY 13th October 2023**

**Please return/email the completed form to** [**exams@qmul.ac.uk**](mailto:exams@qmul.ac.uk)**.**

**Forms that do not have Departmental Approval from both QMUL and the teaching institution will not be accepted.**

**The teaching institution will have their own intercollegiate form and process that you must also follow to ensure you are correctly registered with them.**