


**Notification of change
of circumstances for EU
students on full-time and
part-time courses
Academic Year 2019/20**

Form
EUCO1

First name(s)

Surname/family name

Important information

- You should complete this form to notify us immediately of any change in your circumstances. We will use the information you provide to determine if a change affects the amount of student finance you are entitled to receive.
- Please enclose, or ask your university or college to send the relevant documentary evidence of your change of circumstances where requested on this form. When evidence is required you will see this icon. 
- Return this form to Student Finance Services, Student Loans Company, PO Box 89, Darlington, County Durham, England, United Kingdom, DL1 9AZ.

Tick the box(es) below to indicate your change(s) of circumstance and complete the relevant sections of this form


My change of circumstance

Sections to be completed

- | | |
|--|---------------|
| <input type="checkbox"/> I have changed my name | 1 and 2 |
| <input type="checkbox"/> I have changed my address | 1 and 3 |
| <input type="checkbox"/> I have changed my university or college | 1, 4, 5 and 6 |
| <input type="checkbox"/> I am changing to a part-time course | 1 and 5 |
| <input type="checkbox"/> I have changed course | 1, 5 and 6 |
| <input type="checkbox"/> My course tuition fee amount has changed | 1 and 6 |
| <input type="checkbox"/> I have left my course or suspended my studies | 1 and 7 |

If you are changing to a part-time course which is not a course of Initial Teacher Training in Northern Ireland, you should contact the Student Finance Services Team. You may still be able to receive grants but you will have to apply for these using a different form.

- | | |
|---|---|
| <input type="checkbox"/> I have other changes of circumstance not detailed on this form | 1 and use Additional notes page to give details |
|---|---|

 **This form must be completed in black ink.**



section

1

personal details

| | | | | | | | |
|--|--|---|--------------|-------------|---|---|---|
| Customer Reference Number (if you have one) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | |
| Title | <input type="text"/> | | | | | | |
| First name(s) | <input type="text"/> | | | | | | |
| Surname/family name | <input type="text"/> | | | | | | |
| Date of birth | <table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table> | Day | Month | Year | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Day | Month | Year | | | | | |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |

section

2

change of name

| | |
|-------------------------|----------------------|
| New title | <input type="text"/> |
| New first name(s) | <input type="text"/> |
| New surname/family name | <input type="text"/> |

e Please provide appropriate documentary evidence, for example, a marriage certificate, civil partnership certificate, deed poll, etc.

change of address and/or telephone number

| | |
|---|--|
| <p>New term-time address</p> <input type="text"/> <input type="text"/> Town/City <input type="text"/> Country Postcode <input type="text"/> New term-time phone number (including country and area code) <input type="text"/> Date your term-time address will change Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <p>New home address</p> <input type="text"/> <input type="text"/> Town/City <input type="text"/> Country Postcode <input type="text"/> New home phone number (including country and area code) <input type="text"/> Date your home address will change Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <p>! If you have provided a term-time contact address then all correspondence we issue will be sent to that address.</p> | |

change of university or college

a1

New university/college name and address

 Postcode

a2

UCAS university/college code (if you know it)

a3

Did the change take place after starting a previous course?

 Yes No

e If 'Yes' you must ask your university or college to confirm the change to us as soon as possible.

Section 5 must also be completed to confirm details of the course that you will be studying at your new university or college.

section

5

change of course

a1

New course name

If you are following a combined studies or modular course, please list all the subjects being studied.

a2

If the course is franchised to another university or college, give the address of that university or college.

Postcode

If the new course details you give us can't be confirmed yet, your student funding may be delayed.

a3

Did the change of course take place after you started your previous course? Yes No

a4

Qualification you expect to gain (e.g. BSc Physics)

a5

UCAS course code (if you know it)

UCAS campus code (if you know it)

a6

Date you will start your new course

Month Year

Date you will finish your new course

Month Year

Full course length (years)

Will you be studying in England

Yes No **if 'No' go to b1**

Is this an accelerated degree course?

Yes No

b1

Year of course

Foundation year First year Second year Third year Fourth year

Other (give details)

change of course

b2

Course type (please tick one box):

- Full-time undergraduate
- Full-time postgraduate Initial Teacher Training (ITT)
- Full-time distance learning
- Full-time foundation degree
- Full-time involving a placement (sandwich course)
- Pre-registration postgraduate healthcare course
(only applicable for full-time students studying in England)

Other course types (only applicable to students studying in Northern Ireland):

- Flexible postgraduate ITT
- Part-time undergraduate ITT
- Part-time ITT (excluding first degrees)



Answer both questions

Number of weeks you will be studying full-time in academic year 2019/20. **e**

Number of weeks you will be on full-time teaching practice in academic year 2019/20. **e**

c

Where will you spend most of your time in the academic year 2019/20?

You should only tick 'Work placement' if you will be on a work placement that is a part of your UK course. Do not count periods of teaching practice as a placement. If you are on an Initial Teacher Training (ITT) course, tick 'University or college'. You should only tick 'Study abroad' if you will be studying **outside of the UK** as part of your UK course.

- | | | | |
|--------|--|---------------------------------------|---|
| Term 1 | <input type="checkbox"/> University or college | <input type="checkbox"/> Study abroad | <input type="checkbox"/> Work placement |
| Term 2 | <input type="checkbox"/> University or college | <input type="checkbox"/> Study abroad | <input type="checkbox"/> Work placement |
| Term 3 | <input type="checkbox"/> University or college | <input type="checkbox"/> Study abroad | <input type="checkbox"/> Work placement |

! If you have ticked 'University or college' for all 3 terms, you don't have to fill in the rest of section 5.

d1

Have you been accepted onto the Erasmus exchange scheme? Yes No

d2

If so, how long for? Full year Part year

! If 'Yes' and/or you'll be studying abroad, you don't have to fill in the rest of section 5.

e

Where will your placement be?

- Abroad UK Don't know

Placement name and address, if known

 Postcode

6

change of course tuition fee

Give the tuition fee amount that your university or college is charging for the course you will be studying in academic year 2019/20:

£

If you are not sure of the tuition fee you will be charged contact your university or college.

To apply for a Tuition Fee Loan, or to change the amount of Tuition Fee Loan you originally requested, download and complete an EU Tuition Fee Loan Request Form:

- If you are studying in England go to www.gov.uk/studentfinance
- If you are studying in Wales go to www.studentfinancewales.co.uk
- If you are studying in Northern Ireland go to www.studentfinancenir.co.uk

7

leaving your course or suspending your study

a1 Did you begin your course? Yes No

If 'No', you should not complete any more of this form. Please sign and date the declaration on page 7.

a2 When did you leave or suspend study?

Day Month Year

a3 Have you told your university or college that you have left your course? Yes No

Do you plan to return to higher education? Yes No **if 'No' go to c**

a4 If 'Yes', when do you plan to return?

Day Month Year

Do you plan to return to: the same course a different course

Please make sure you have completed section 5 with details of your new course.

b Will you be repeating any period of study? Yes No

If 'Yes', what period will be repeated?

c Please give the reason for leaving your course or suspending your study.

e As your university or college need to confirm this change to us, please make sure they are aware of the above change of circumstance.

Declaration

To find out how we'll use the information you provide read our Privacy Notice before completing this form.

You can find the Privacy Notice at:

www.gov.uk/studentfinance if you're studying in England

www.studentfinanceni.co.uk/privacynotice if you're studying in Northern Ireland

www.studentfinancewales.co.uk/privacynotice if you're studying in Wales

Alternatively, you may also obtain a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow, G2 7JD.

If you cannot sign this form it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have given on this form is true and complete and I understand that if I have given SLC false information, or have not given them complete information, I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.
- I agree to give SLC any additional information they require to enable them to process my application and agree to tell them immediately if my circumstances change in any way that might affect my entitlement to financial support.
- I understand that if I do not tell SLC about any change in my circumstances, which may affect my entitlement, I may not be eligible to receive any outstanding instalments or payments that they have told me about, and that I may have to repay all or part of the financial support I have already received in the year.

Your full name
(in BLOCK CAPITALS)

Your signature

Today's date

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



You must sign and date the declaration

Additional notes

If you are providing extra information below please clearly mark what section and question the information is about.