

2026/27

Customer Reference Number











Forename(s)

Surname

Date of birth (DDMMYYYY)









## My change of circumstance

## Sections to be completed

- |                                                                                            |                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I have changed my name                                            | 1                                                                                                                                                                                       |
| <input type="checkbox"/> I have changed my address                                         | 2                                                                                                                                                                                       |
| <input type="checkbox"/> I have changed my university or college                           | 3, 4 and 5                                                                                                                                                                              |
| <input type="checkbox"/> I have changed course                                             | 4 and 5                                                                                                                                                                                 |
| <input type="checkbox"/> My course tuition fee amount has changed                          | 5                                                                                                                                                                                       |
| <input type="checkbox"/> I have left my course or suspended my studies                     | 6                                                                                                                                                                                       |
| <input type="checkbox"/> I want to change my bank details                                  | None. Go online or call us on<br><b>0300 100 0607.</b>                                                                                                                                  |
| <input type="checkbox"/> I am changing to a part-time course                               | Note. Please complete a PTMN<br>application form for new part-time<br>students which can be found at<br><b><a href="http://www.gov.uk/studentfinance">www.gov.uk/studentfinance</a></b> |
| <input type="checkbox"/> I have other changes of circumstance<br>not detailed on this form | None. Please complete this page and<br>attach a piece of paper detailing the<br>change.                                                                                                 |



**Please remember to sign and date the declaration on page 9**

## Important information

- You should complete this form to notify us immediately of any change in your circumstances at any time. We will use the information you provide to determine if a change of circumstance affects the amount of student finance you are entitled to receive.
-  Whenever you see this icon you must provide evidence to support your change of circumstance. For any university or college and course related change of circumstance, you may also need to ask your university or college to send evidence.
- To request a different amount of loan, just log into your online account and tell us how much you would like paid. Alternatively, you can complete a loan request form which can be downloaded from [www.gov.uk/studentfinance](http://www.gov.uk/studentfinance)

### Section 1 Change of name

#### Change of name/title

New title

New forename(s)

New surname or family name

|  |
|--|
|  |
|  |
|  |

 Please provide appropriate documentary evidence, for example marriage certificate, deed poll, etc.

### Section 2 Change of address and/or telephone number

#### Contact details

##### New contact address

|  |
|--|
|  |
|--|

Postcode

New contact phone number

|  |
|--|
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|  |
|--|

Where will you be living during term time?

☐

Living with parent(s)

☐

Elsewhere/own home

You must tell us if where you're living changes and you may be asked to give evidence of this. This is so we can make sure you get the right amount of student finance.

 **If you have provided a new contact address then all correspondence we issue will be sent to that address. You can update your address at any time by logging into your online account or by calling us.**

## Section 3

## Change of university or college

### New university/college details

- 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

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

**Section 4 must also be completed to confirm the course that you will be studying at your new university or college.**

## Section 4

## Change of course

### New course details

**a1** New course name

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

**a2** If the course is franchised to another university/college, give the address of the other university/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 (for example 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 and year)

Date you will finish your new course (month and year)

Course length (years)

Is this an accelerated degree course?

☐ Yes ☐ No

**b1** Year of course

☐ Foundation year

☐ Third year

☐ First year

☐ Fourth year

☐ Second year

Other (give details)

## Section 4

## Change of course - continued

**b2** Which of the following is your new course? Tick one box only.

Full-time undergraduate  
(including HNDs and HNCs)

☐

Full-time postgraduate Initial Teacher  
Training (ITT)

☐

Full-time foundation degree

☐

Full-time distance learning

☐

Full-time involving a placement  
(sandwich course)

☐

Pre-registration postgraduate  
healthcare course

☐

Level 4 or 5 award, certificate,  
diploma and NVQ

☐

Do you have a disability which prevents  
you from attending your university/  
college in person? ☐ Yes ☐ No

**e** You must provide evidence that clearly  
shows you are unable to attend university  
or college in person for a reason which  
relates to your disability.

Is your course  
HTQ approved? ☐ Yes ☐ No

(If you're unsure you should speak to your  
college or university before continuing with  
your application)

If your course is not HTQ approved, you  
should not continue with this application as  
your course is not eligible for support.

Go to **[www.gov.uk/advanced-learner-loan](https://www.gov.uk/advanced-learner-loan)**  
to make an application for an Advanced  
Learner Loan instead.

**Other course types**  
(only for students who started their  
course before 1st September 2010)

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 2026/27.

Number of weeks you will  
be on full-time teaching  
practice in academic year  
2026/27.

**e** You must provide a letter from your  
university or college confirming the  
number of weeks you will be on full-time  
study and full-time teaching practice  
during academic year 2026/27.

## Section 4

## Change of course - continued

- c1** Where will you be living during term time?
- You must tell us if where you're living changes and you may be asked to give evidence of this. This is so we can make sure you get the right amount of student finance.

Term 1

☐ Living with parent(s)

☐ Elsewhere or own home

Term 2

☐ Living with parent(s)

☐ Elsewhere or own home

Term 3

☐ Living with parent(s)

☐ Elsewhere or own home

- c2** Where will you spend the most time during the academic year?
- You must tell us if where you'll spend most of your time changes. This is so we can make sure you get the right amount of student finance.

Term 1

☐ University or college

☐ Study abroad

☐ Work placement

Term 2

☐ University or college

☐ Study abroad

☐ Work placement

Term 3

☐ University or college

☐ Study abroad

☐ Work placement



**If you have ticked 'University or college' for all 3 terms, you don't need to fill in the rest of section 4.**

- d1** Will you be undertaking a placement as part of the Erasmus+ exchange programme?
- d2** Will you be undertaking a placement as part of the Turing Scheme or Taith?

☐ Yes ☐ No

☐ Yes ☐ No

**If you answer 'Yes' to d1 and/or d2 you'll be studying abroad go to section 5**

## Section 4

## Change of course - continued

**e1** Where will your placement be?

☐ Abroad ☐ UK ☐ Don't know

▶ If you 'Don't know' go to **e3**

**e2** Placement name and address, if known

Postcode

**e3** Is the placement

☐ paid  
☐ unpaid

If you ticked 'unpaid' please indicate which type

- ☐ a hospital, a Public Health Service Laboratory or a Primary Care Trust;
- ☐ a Health Authority, Strategic Health Authority, Local Health Board, Special Health Authority, Health Board, Special Health Board or a Health and Social Services Board;
- ☐ a Local Authority carrying out its duties relating to health, welfare or caring for children and young people, or a voluntary organisation providing facilities;
- ☐ the prison or probation sector or after-care services;
- ☐ a research institute;
- ☐ an unpaid placement in the Houses of Parliament;
- ☐ an unpaid placement that is not listed above.

**f** Do you have to attend a place in the UK away from your main college as part of your medical or dental clinical training in the academic year 2026/27

☐ Yes ☐ No

## Section 5

## Change of course tuition fee

### Course tuition fee

Give the full tuition fee amount that your university or college is charging for the course you will be studying in academic year 2026/27

£

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

If you want to apply for a Tuition Fee Loan or want to change the amount of Tuition Fee Loan you originally requested, just log into your online account and select 'Changing Circumstances'.

## Section 6

## Leaving your course or suspending your study

### Leaving/Suspending 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 9.**

a2 When did you leave or suspend study?  
(DDMMYYYY)

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 When do you plan to return? (DDMMYYYY)

Do you plan to return to

☐

the same course

☐

a different course

**Please make sure you have completed section 4 with details of your new course.**

### Repeating study

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

 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 go to **[www.gov.uk/studentfinance](http://www.gov.uk/studentfinance)** to read our Privacy Notice before signing this form.

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

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not, I understand I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.

Your full name (in BLOCK CAPITALS)

Your signature

Today's date (DDMMYYYY)

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**Once you have completed this form, and signed and dated the declaration, please return it to us at: Student Finance England**

**PO Box 210  
Darlington  
DL1 9HJ**