

Change of circumstances form

Part-time students
Academic Year **2025/26**



Please complete your name in the following boxes before completing the rest of this form.

Your forename(s)


Your surname

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.

If you wish to notify us of a change of bank details do not complete this form. You should contact our Customer Support Office on **0300 100 0077**.

Instructions

- **If you have changed university or college**, complete sections 1, 4 and 5 and your university or college must also complete section 6.
- **If you have changed course**, but are staying at the same university or college complete sections 1 and 5 and your university or college must also complete section 6.
- **If you have left your course**, complete sections 1 and 7.
- **If you have changed your name**, complete sections 1 and 2.
- **If you have changed address**, complete sections 1 and 3.
- **Sign and date the Student Declaration on page 7.**
- For any other change of circumstance not detailed on this form, complete section 1 and document the changes on the 'Additional notes' page at the back of this form.
- Enclose the relevant documentary evidence of your change of circumstances where requested on the form, marked with this icon. 
- **Once you have completed this form,**
Student Finance NI
Part-time Office
Ballee Centre
Ballee Road West
Ballymena
BT42 2HS

Section 1 - personal details

Customer Reference Number

Title

Forename(s)

Surname

Date of birth

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"/>	<input type="text"/>

Section 2 - change of name

New title

New forename(s)

New surname

This icon means that you need to provide appropriate documentary evidence to verify your change of name (for example, marriage certificate, deed poll, etc). 

Section 3 - change of address and contact details

Contact details

New contact address

Postcode

New contact phone number



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 4 - change of university or college

a

Give the name and address of the university or college you are now attending. If the university is made up of a number of colleges, please write the name of the college first, followed by the name of the university (for example, Stranmillis College, Queen's University Belfast)

Postcode

b

Did this change take place after starting a previous course at another university or college?

Yes

No

Section 5 - change of course

- a** Please give the name of the course you are taking in 2025/26. If you are following a combined studies or modular course, list all the subjects.

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

- b** If the course is franchised to another university/college, please provide the address of the other university/college.

Postcode

- c** Which qualification will you gain at the end of your course (e.g. BSc Physics)?

- d** What is your new course start date?

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"/>	<input type="text"/>	<input type="text"/>

- e** What is your course end date?

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"/>	<input type="text"/>	<input type="text"/>

- f** How many years does the course last for?

- g** What year of the course will you be studying in the academic year 2025/26?

- h** What is your new course type? Full-time Part-time

Section 6 - your university or college must complete this section

University or college staff should check the student's answers to sections 4 (if applicable) and 5 before completing, signing and stamping this section.

Undergraduate students **Tick**

Course fee to be charged to the student for the 2025/26 academic year

£

SLC or UCAS code for the university or college

I confirm that to the best of my knowledge and belief that:

- the student named in section 1 is undertaking the course named in section 5.
- the student intends to complete the following number of credits, credit points, modules or any other unit of measure by studying on a **part-time (PT) basis** in academic year 2025/26.

Number of PT units **Unit of measure**
(select applicable)

credits modules other
credit points

- the following number of credits, credit points, modules or any other unit of measure would comprise the equivalent **full-time (FT) course** within one academic year.

Number of FT units **Unit of measure**
(select applicable)

credits modules other
credit points

Intensity of study is calculated by taking the number of part-time units (identified above) the student intends to study in academic year 2025/26 and dividing it by the number of units (identified above) that the student would complete in one academic year if the course were studied on a full-time basis. The result is then expressed as a percentage.

- the **intensity of study** for this course is

PT _____ **X 100 =** %
FT

- the student's course is designated as eligible for financial support under Regulation 124 of the Education (Student Support) (No.2) Regulations (Northern Ireland) 2009 (as amended)
- the equivalent full-time course would last _____ years.
- it is possible for the student to complete the course in no more than twice the length of time required to complete the equivalent full-time course.

Postgraduate students **Tick**

I confirm to the best of my knowledge and belief that the student named in section 1 is studying or applying for a course for which they will not receive an award from their institution (not including any payment from the institution's hardship fund) to meet the extra course related costs they have to pay because of their disability.

Section 6 - your university or college must complete this section

Continued

Your full name
(in BLOCK CAPITALS)

Your position

Your phone number

Your email address

Your signature

X

Date

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

University or college stamp

Section 7 - leaving your course

a Did you begin your course?

Yes No

If no, please go straight to the Declaration

b What was the date you left your course?

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

c Have you told your university or college that you have left your course?

Yes No

d Please give the reason for leaving your course.

Student Declaration

To find out how we'll use the information you provide go to www.studentfinanceni.co.uk/privacynotice to read our Privacy Notice.

If you cannot sign the form it must be signed on your behalf by your attorney. The Power of Attorney letter must be sent with the application 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.
- I agree to give my local SFNI office 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 the my local SFNI office about any change in my circumstances, which may affect my entitlement, I may not be eligible to receive any 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.
- I agree that in the event of receiving an overpayment of financial support, I am obligated to repay any of this overpayment in full.

Your full name
(in BLOCK CAPITALS)

Your signature

X

Date

Day Month Year

Additional notes

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