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BA

**INTERCALATING APPLICATION FORM FOR PROGRAMMES**

 **AT THE UNIVERSITY OF LIVERPOOL**

**This form will not be accepted unless it is fully completed by the Student and Department before returning to the School of Law and Social Justice and School of Medicine.**

**SECTION 1** (TO BE COMPLETED BY THE STUDENT)

|  |  |
| --- | --- |
| Name |  |
| Student ID Number |  |
| Email Address |  |

**Please insert below the details of the programme you will follow:**

|  |  |
| --- | --- |
| University Name\* | \*For Studies outside the UK, you must attach the School of Medicine overseas disclaimer form.  |
| Level of Study (e.g. BSc/MA/MSc/MBA/MRes/MPhil\*\* etc.) | \*\*For MPhil you must attach the School of Medicine signed MPhil disclaimer form after discussing your option with Dr John Jenkins. |
| Department Name |  |
| Course Start Date (This information is compulsory) |  |
| Course End Date (This information is compulsory) |  |
| How will you be paying your fees? |  |
| How will you be funding your living costs? |  |

|  |  |
| --- | --- |
| \* I understand that if my project requires ethical approval, I must ensure permission has been obtained prior to the start of my course  | Yes my course has ethical approval My course does not need ethical approval  |
| I understand that I must be available to return to the start of my MBChB degree course in time for the first day of term in session 2025/26. | Yes I understand  If you do not understand, or want to discuss this please email intercal.mbchb@liverpool.ac.uk |

Student Signature: ……………………………………………………………………………………..

Date: ….………………………………………………………………………………………………….

**SECTION 2** (TO BE COMPLETED BY THE UNIVERSITY COURSE DIRECTOR OR APPOINTED PERSON**)**

**Please complete the following details:**

|  |  |
| --- | --- |
| Programme Title(including Level i.e. BSc. MSc. Etc. |  |
| Course Start Date (This information is compulsory) |  |
| Course End Date (This information is compulsory) |  |

* I agree that if Ethical approval is required, it will be obtained prior to the start of the course.
* I understand that the student must be available to return to the start of their MBChB degree programme in time for the first day of term in session 2025/26.

**HoD/Programme Director Signature:** ………………………………………………………………

**Name and Position:** …………………………………………………………………………………..

**Date:** …………………………………………………………………………………………………….

**Completed forms are to be returned to:**

**School of Law and Social Justice –** **LLMint@liverpool.ac.uk**

**School of Medicine -** **intercal.mbchb@liverpool.ac.uk**