****

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](mailto:intercal@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**](mailto:LLMint@liverpool.ac.uk)

**School of Medicine -** [**intercal.mbchb@liverpool.ac.uk**](mailto:intercal@liverpool.ac.uk)