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SCHOOL OF MEDICINE INTENTION TO INTERCALATE FORM 2026-27

This form is to be completed if you intend to intercalate during Academic year 2026/27

SECTION 1

(TO BE COMPLETED BY THE STUDENT)

Student Name	
Student ID No	

I intend to intercalate to the following programme in 2026-27:

Level of Study (e.g. BSc / MRes / MSc / MPhil)	
Programme Title	
University Name	
Department Name (if University of Liverpool)	
How will your intercalating year will be funded (fees and maintenance)	

Please ensure you complete a separate form for each of the courses that you are applying for.

I have approached the relevant University/Department and have been accepted by the Director of Studies of the programme (*delete as appropriate):

Yes / No *

Student Signature:

.....

Date:

.....

SECTION 2

1. The Intention to Intercalate form must be returned by **FRIDAY 20th February 2026**. The form should be returned to Russell Smith (intercal.mbchb@liverpool.ac.uk) in the School of Medicine.
2. The following forms should then be completed as appropriate:
 - Intercalation form for programmes at the University of Liverpool (form B) OR
 - Intercalation form for programmes outside of the University of Liverpool (form C).

The deadline for submission of the application form B or form C is **FRIDAY 29th MAY 2026**.

Any queries please contact Russell Smith (intercal.mbchb@liverpool.ac.uk)