

# B



**SCHOOL OF MEDICINE**

**INTERCALATING APPLICATION FORM FOR PROGRAMMES**  
**AT THE UNIVERSITY OF LIVERPOOL**

**UNDERGRADUATE & MASTERS** If you are intercalating on an undergraduate degree or a Masters programme, please complete sections 1 & 2 only. Section 2 needs to be signed by the Programme Director for the course and for Postgrad courses, the relevant Institute Postgraduate Office too. The completed form should then be returned to Russell Smith ([intercal.mbchb@liverpool.ac.uk](mailto:intercal.mbchb@liverpool.ac.uk)) the School of Medicine, by **FRIDAY 23<sup>rd</sup> MAY 2025**

**MPHIL ONLY:** If you are taking a MPhil postgraduate course, please complete Sections 1, 2 & 3, **and submit it to the relevant Institute Postgraduate Office**, who will return the form to the School of Medicine. Make sure you submit it in plenty of time to allow it to arrive at the School of Medicine office by **FRIDAY 23<sup>rd</sup> MAY 2025**. Students will be sent a letter by the Institute, confirming their new programme and start date.

**Please note: This form must be fully completed by the student, Department and Institute before returning to the School of Medicine.**

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

Student Name			
Student ID No.		Date of Birth	
Course Start Date		Course End Date	

Insert below the details of the programme you will follow:

Level of Study (eg BSc / MRes / MSc / MPhil)	
Programme Title	
Institute/School or Department Name	
Please confirm you have made arrangements to fund your Intercalation year (fees and maintenance). What is the source of your funding?	
If you provided a reference for the course, please can you tell us who you asked? (Name, position or role, affiliation to the university, and e-mail address)	
I understand I must be available for the start of MBChB Year 4 – start of September 2026	

**Student signature:**

**Date:**

**SECTION 2 (for MRES, Postgrad Taught programmes, and BSc programmes)** (TO BE COMPLETED BY THE COURSE DIRECTOR/SUPERVISOR/HOST DEPT **BEFORE** IT IS SUBMITTED TO THE SCHOOL OF MEDICINE)

Complete the following details:

Programme Major Code (contact your Admissions Officer if you don't know)	
Start Date	
End Date	

**HoD/Programme**

**Director Signature:**

**Date:**

**Name & Position:**

(TO BE COMPLETED BY THE INSTITUTE DIRECTOR FOR POSTGRADUATE RESEARCH)

Please sign to accept the student to intercalate in your Institute:

**IDPR signature:**

**Date:**

**Name:**

**Masters Level Study:**

After section 2 is completed, the form should be forwarded to Russell Smith ([intercal.mbchb@liverpool.ac.uk](mailto:intercal.mbchb@liverpool.ac.uk)) in the School of Medicine **by FRIDAY 23rd MAY 2025**

**Ethical approval:**

If your research project requires Ethical Approval, please ensure permission has been obtained prior to the start date of your course. If Ethical Approval has not been confirmed you should not commence the course of study. If this is an issue, please email Dr John Jenkins ([jrj1@liverpool.ac.uk](mailto:jrj1@liverpool.ac.uk)) to discuss.

**SECTION 3 (for MPhil ONLY)**

Title of the Students Research Project (MPhil only)	
Supervisors Names, signature and Contributions (MPhil only)	1 <sup>st</sup> : ..... (.....%)  2 <sup>nd</sup> : ..... (.....%)  3 <sup>rd</sup> : ..... (.....%)  4 <sup>th</sup> : ..... (.....%)
Will the student be charged a Research Support Fee Y/N (MPhil only) (If yes, give details of cost and for what the research support fee will be used)	

(TO BE COMPLETED BY THE INSTITUTE DIRECTOR FOR POSTGRADUATE RESEARCH)

Please sign to accept the student to intercalate in your Institute:

**IDPR signature:** ..... **Date:** .....

**Name:** .....

**If the department you are going to be intercalating with has not completed their section of the Form B please e-mail the Intercalation team.**

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