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UNIVERSITY OF LIVERPOOL

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**)** the School of Medicine, by **FRIDAY 29th May 2026**

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 2027	
Please confirm you are happy to share your student e-mail with students intending to intercalate in future years	

Student signature: ***Date:***

SECTION 2 (for all Liverpool 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) in the School of Medicine **by FRIDAY 29th MAY 2026**

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 the Intercalation Team (intercal.mbchb@liverpool.ac.uk) to discuss.

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)