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**v.23/11/2021**

**Academic year:**

URV.E10.01.00

# APPLICATION TO CHANGE MODE OF STUDY TO PART/FULL TIME (master's)

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| --- | --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | | | | | | |
| Name: | | First surname: | | | Second surname: | |
| Identity card number (or photocopy number): | | Address for written correspondence: | | | | |
| Postcode: | Town: | | | | Telephone: | |
| Mobile telephone: | | | Email address: | | | |
| I am a student of: | | | | Faculty/school: | | Universitat  Rovira i Virgili |

|  |  |
| --- | --- |
| I STATE | |
| That I am aware that the URV offers master's students the possibility of registering to study either full-time or part-time.  That I am aware that full-time students must register for 60 credits for their first year of study and for between 30 and 72 credits in subsequent years, and that part-time students must register each academic year for between 18 and 48 ECTS credits (*unless they require a lower number of credits to complete their studies*).  That when I formalized my registration, I opted to study: | |
|  | full-time |
|  | part-time |
| That I want to change how I organise my academic studies, | |

Therefore,

|  |  |
| --- | --- |
| I REQUEST to change my academic record so that I can continue my master's degree as a: | |
|  | full-time student |
|  | part-time student |
| under the corresponding specific registration conditions. | |

[place] , [date]

(signature)

I will collect the notification in person from the secretary’s office of the faculty/school.

**Mr/Ms, Dean/Director of the Faculty/School - Head of the Secretary's Office**

DUTY TO INFORM: The URV is responsible for your data and processes them for the purpose of managing your academic transcript and organising your teaching and study, in compliance with its duty to provide a public service. Your data will only be shared with third parties if the URV is legally obliged to do so or if you subscribe to any of the services provided by third parties that are indicated during this procedure. You have the right to access, rectify, remove, request the transfer, oppose the handling and restrict the processing of your data. You can more detailed information on Data Protection on the website of the URV (<https://seuelectronica.urv.cat/rgpd/>).

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**v.23/11/2021**

**Academic year:**

URV.E10.01.00

**v.04/05/2015**

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| --- |
| Student details |
| **Full name:**  **Identity card number:**  **Address for written correspondence:**  **Mobile telephone: Email address:**  **Postcode: Town:**  **Course:** |

# RESOLUTION REGARDING CHANGE OF MODE OF STUDY TO PART/FULL TIME (master's)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Stamp of Faculty/School** |  | **Stamp of Faculty/School** | | |
| The application is authorised because it complies with the regulations governing the registration process.  [place]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , [date]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The application is rejected because the student: | | |
|  | | |
|  |  |  |
|  | | |
|  | | |
|  |  | Presented it outside the established time period. |
| Is not up to date with their payments.  [place]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , [date]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| The Head of the Secretary's Office | The Head of the Secretary's Office | | |

This decision is not the end of the administrative process and, should students wish to do so, they can appeal to the rector of the URV within one month of having been informed of this decision.

The student signs the acknowledgement of receipt of the present document, which informs the student of the outcome of the application.

(signature)...............................................................

[place]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_