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| **University of Leeds School of Medicine**  **Request for permission to intercalate elsewhere Form** |
| Section 1: Student Details  Name  SID  Year of Study  University email address: |
| Section 2: Details of programme/s permission requested for  (insert) |
| Section 3  Details of programme/s and reasons why wish to intercalate elsewhere  (insert) |
| Section 4  Date submitted |
| Section 5  Form reviewed by (name)  Decision: Please state reasons if rejected  Date  Date returned to student |

Complete this form and e-mail it to the Director of Intercalation, Dr Alison Ledger at A.Ledger@leeds.ac.uk

You also need to CC’ in intercalate@leeds.ac.uk