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