Appendix C: Undergraduate Programmes: Notification of a Discontinued or Suspended Course, excluding Route B Courses

UCAS cannot make changes of institution (Part C) after 30 June or changes of course (Part B) after 31 July.

Part A – to be completed by institution

Institution University of Southampton
Name student
Academic Unit name
Course Title title
UCAS Code programme
Campus Code S27

The above course has been discontinued at this institution. Please notify me if you wish to be considered for an alternative course.
If so, please complete Part B only and return the whole of this form to reach me by [date]. If I do not hear from you by this date I will assume you no longer wish to be considered by this institution.

If you would prefer to be considered by an alternative choice of institution, please complete Part C only and send the whole of this form to UCAS. Before selecting your alternative choice please refer to the UCAS Directory and the UCAS website (www.ucas.com).

If you do not wish to have an alternative choice then please complete Part D to indicate that you wish to withdraw the choice that has been discontinued and send the whole of this form to UCAS.

Signature ………………………………………………………………………………………………………………
Name ………………………………………………………..Date………………………………………………………

Part B – to be completed by applicant and returned to institution above

To University of Southampton
From (Name of applicant)
UCAS Application Number

Please consider my application for the following alternative course:

Course Code
UCAS Code
Campus code S27

Signature ………………………………………………………………………………………………………………
Name………………………………………………………Date…………………………………………………………
**Part C – to be completed by applicant if substitute choice of institution required**

To: UCAS, PO Box 40, Cheltenham, Glos GL52 3ZB

Please substitute the institution named in Part A with the following new choice:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Campus code</th>
<th>Course Title</th>
<th>UCAS Code</th>
</tr>
</thead>
</table>

Signature ………………………………………………………………………………………………………………….

Name ………………………………………………………..Date……………………………………………………..

UCAS Application Number: …………………………………………………………………………………………

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**Part D – to be completed by applicant if an alternative choice is not required**

(please return the whole of this form)

To: UCAS, PO Box 40, Cheltenham, Glos GL52 3ZB

I confirm that I wish to withdraw my choice detailed in Section A, which is now discontinued. I do not wish to replace it with an alternative choice

Signature ………………………………………………………………………………………………………………….

Name ………………………………………………………..Date…………………………………………………..

UCAS Application Number …………………………………………………………………………………………

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