

INTERCOLLEGIATE MODULE APPLICATION FORM UNDERGRADUATE ONLY

1. Do **not** complete this form if the module at another College is part of the published syllabus for your degree. See <http://www.soas.ac.uk/enrolment/intercollegiate/> for details.
2. Postgraduate students cannot attend an intercollegiate module at another college of the University of London, unless it is part of the published syllabus for their degree (see 1 above)
3. You may not take an intercollegiate module in Year 1, unless the module is part of the published syllabus for your degree (see note 1 above).
4. You may take intercollegiate modules totalling up to 60 credits, and may not take more than one module unit's worth in any one academic year, unless the intercollegiate modules form part of the published syllabus for your degree (see note 1 above).
5. You may not take an open option module at another College. The only eligible intercollegiate modules are in the subject or subjects of your degree title, for instance, if your degree is BA Law and History you may apply to take a module at another College in either Law or History, but not in any other subject.
6. You may not take an intercollegiate module if a satisfactory equivalent module is available at SOAS. You may not take an intercollegiate module if the content overlaps significantly with a module you have already taken or with a module which is required by the syllabus to be taken in a later year of your degree. If you are not sure about this point, please consult the Undergraduate Tutor for your degree or relevant subject in your degree.
7. You may not take a language module at another College unless it forms part of the published syllabus for your degree (see note 1 above). Exceptions to this rule can be considered and must be supported by the relevant SOAS Undergraduate Tutor and must be approved by SOAS Curriculum, Assessments & Quality Assurance Manager – approval box below.
8. You must also complete any intercollegiate student form required by the teaching College, and must also include the module details (when approved) as part of your overall SOAS module sign up procedure.

Student Reference:	
Full Name:	

Section 1 – Current Degree for which you are registered (Undergraduate only)

Name of Degree:	
Current Year of Study:	Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/>

Section 2 – Intercollegiate module you wish to (1 full module or 2 modules worth 0.5 each)

module code 1	
module code 2	
module title 1	
module title 2	
Teaching College	
module level	Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/>
module value	(CATS/ ECTS)
Have you already taken any other intercollegiate module(s) as part of degree with SOAS (please give details):	

Rationale for taking the module:

NAME		Date
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Once you have obtained regulatory and academic approval for this application, you will receive an email from Registry confirming your registration on the module.



APPROVAL BY RELEVANT TUTOR AT COLLEGE/INSTITUTE WHICH module IS TAUGHT

I am happy for the above named student to take the following module:

module Name:

module Code:

Name of College/Institute:

I understand that the School/Department of the Student will pay pro-rata tuition fees per module unit unless the module is part of a reciprocal no-fees scheme.

UG OR RELEVANT Tutor's name):

Date:

APPROVAL BY SOAS UNDERGRADUATE TUTOR (of the relevant Department of the subject which the intercollegiate module is replacing)

I have checked that the information on page 1 is complete and that it complies with the regulations detailed in the notes (<http://www.soas.ac.uk/enrolment/intercollegiate/>). I understand that the School/Department will pay pro-rata tuition fees per module unit.

UG Tutor's name:

Date:

APPROVAL BY SOAS CURRICULUM, ASSESSMENTS & QUALITY ASSURANCE MANAGER

I consider that the academic rationale supplied by the student above is acceptable and complies with the regulations detailed in the Notes (<http://www.soas.ac.uk/enrolment/intercollegiate/>).

CAQA Manager's name:

Date:

OFFICE USE ONLY :

Department Office check:

Staff initials: Date: