

**Queens’ College**

**Change of Course Request – Management Studies**

Full name: ............................................................................................................................................... Tutor: ....................................................................................................................................................... CRSid: .......................................................................................

Current Tripos: ........................................................................ Tripos Part: ..................................... I request a change to Management Studies to commence:

………………………………………………………………….

Additional comments: ..........................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

*The sections below should be completed by the student’s Directors of Studies (both incoming and outgoing) and by the Senior Tutor****.***

Name of Director of Studies for current Tripos: ............................................................................... Signature of current Director of Studies: ........................................................................................... Date: ……………………………

Name of Director of Studies for Management Studies: ...................................................................

*I understand that the student is applying to join this Tripos.*

Signature of the new Director of Studies: .......................................................................................... Date: ……………………………

Name of Senior Tutor: ..........................................................................................................................

Signature: ................................................................................. Date: .................................................

Please return completed form to [tutorial.office@queens.cam.ac.uk](mailto:tutorial.office@queens.cam.ac.uk)

*Confirmed by the agreement of the Senior Tutors’ Committee, 27 November 2015.*