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| IFOA_logo_ | **UK Practice Module online**  **Change of supervisor details** |

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| *Please complete and return this form to:*  *Education Services, The Institute and Faculty of Actuaries, 1st Floor, Park Central, 40/41 Park End Street, Oxford OX1 1JD, UK*  *Tel: +44 (0)1865 268207 Email:* [*education.services@actuaries.org.uk*](mailto:education.services@actuaries.org.uk) | | | | | | |
| * Please clearly print your ARN, name and address in the space provided. * This form is to notify us of a change of supervisor, and is not an application form for exam entry. * Each sitting of a UK Practice Modules exam must be taken under exam conditions and must be supervised by a Fellow of the Institute and Faculty of Actuaries. Candidates must provide details of their intended supervisor as part of their exam entry application. | | | | | | |
| **Exam** |  | **Exam** |  | **Exam** |  |  |
| P1 |  | P3 |  | P5 |  |  |
| P2 |  | P4 |  | P6 |  |  |

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| **Personal details** | | | | | | | | | | | | |
| **Name (BLOCK CAPITALS)** | |  | | | | | | **ARN** | | |  | |
|  | | | | | | | | | | | | |
| **Supervisor details** | | | | | | | | | | | | |
| **Please give the name and ARN of your original supervisor** | | | | | | | | | | | | |
| **Supervisor name (BLOCK CAPITALS)** | | |  | | | | | **ARN** | | |  | |
| **I confirm that my new supervisor is** | | | | | | | | | | | | |
| **Supervisor name (BLOCK CAPITALS)\*** | | |  | | | | **\* These fields must be completed** | | | | | |
| **ARN\*** |  | | | | | | | | | | | |
| **Employer\*** |  | | | **Job title** | |  | | | | | | |
| **Employer’s address** |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Supervisor’s confirmation**  **I agree to supervise this candidate for their UK Practice Module exam. I have read the Instructions for supervisors, found at** [**http://www.actuaries.org.uk/students/documents/ukpm-instructions-supervisors**](http://www.actuaries.org.uk/students/documents/ukpm-instructions-supervisors) | | | | | | | | | | | |  |
| **Supervisor’s signature** | |  | | | **Date** | | | | |  | | |
|  | | | | | | | | | | | | |
| Once we have received this form we will issue your new supervisor with the necessary access codes and supervisor PIN.  Please allow up to two weeks for this form to be processed. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Candidate’s signature** | |  | | | **Date** | | | |  | | | | |