

2019/20 AGGREGATE OFFSHORE RECORD (C19052)

NIL RETURN

Provider Name:

Provider Id:

Please *sign and return this form by 30 September 2020.

Please return this form by email to liaison@hesa.ac.uk.

* To be signed by the Provider's Accountable Officer (England and Wales) or Head of Provider (Scotland and Northern Ireland).

Please confirm why this provider has no provision which meet the eligibility criteria for the Aggregate Offshore record as specified in the [coverage of the record](#).

*Signed:

Name (please print):

Position (please print):

Date:

