Faculty of Engineering
and Physical Sciences

Request for Extension period of the Programme

To be completed by the Supervisor

Part 1: The Candidate

<table>
<thead>
<tr>
<th>Registration No.</th>
<th>Surname</th>
<th>Forename(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

Current Registration

- Diploma [ ]
- MSc [ ]
- MRes [ ]
- MPhil [ ]
- PhD [ ]
- EngD [ ]

Mode of Study

- Full-Time [ ]
- Part-Time [ ]
- Distance Learning [ ]
- Split-site [ ]
- External [ ]

Current Programme/Research Topic

_______________________________________________

Supervisor(s)

_______________________________________________

Part 2: Registration Details

Year of Registration

MM/YYYY

Period of Programme

[ ] Years [ ] Months

Final Deadline for Dissertation/Thesis Submission

DD/MM/YYYY

Any Special Permissions granted ?

YES [ ]

NO [ ]

If Yes, please give brief details

_______________________________________________

_______________________________________________

Part 3: Length of Extension Requested

Requested Extension to the Period of the programme

From: DD/MM/YYYY  To: DD/MM/YYYY

Final Deadline for Dissertation/Thesis Submission

DD/MM/YYYY

Is this a retrospective request ?

YES [ ]

NO [ ]

If YES, please state the reasons for this

_______________________________________________

_______________________________________________
Part 4. Circumstances
Please provide full details

________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  

Current e-mail address __________________________________________  

Current postal address ____________________________________________  

________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  

Postcode __________ __________  

Preferred telephone contact number ________________________________  

---

Part 5. Recommendation of Supervisor
Having considered all aspects of the candidate’s progress we recommend that the registration should be extended as requested

Supervisor Comments, including, if appropriate, a note of where student is up to in their Dissertation/Thesis

________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  

---
<table>
<thead>
<tr>
<th>Signed School Postgraduate Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________________  Date DD/MM/YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signed Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________________  Date DD/MM/YYYY</td>
</tr>
</tbody>
</table>

### Part 6. Recommendation by Masters/Diploma or Research Degrees Panel

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approve</td>
</tr>
</tbody>
</table>

**Notes of issues requiring attention**

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

**Reject**

<table>
<thead>
<tr>
<th>Note of reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signed Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________________  Date DD/MM/YYYY</td>
</tr>
</tbody>
</table>

Please return to the Graduate Office, Room C4, Sackville St Building.