

**Request for Extension period of the Programme**

*To be completed by the Supervisor*

<b>Part 1: The Candidate</b>			
Registration No.	_____		
Surname	_____	Forename(s)	_____
<b>Current Registration</b>	Diploma <input type="checkbox"/>	MSc <input type="checkbox"/>	MRes <input type="checkbox"/>
	MPhil <input type="checkbox"/>	PhD <input type="checkbox"/>	EngD <input type="checkbox"/>
<b>Mode of Study</b>	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Distance Learning <input type="checkbox"/>
	Split-site <input type="checkbox"/>	External <input type="checkbox"/>	
<b>Current Programme/Research Topic</b>			
_____			
<b>Supervisor(s)</b> _____			
<b>Part 2: Registration Details</b>			
<b>Year of Registration</b>	MM/YYYY		
<b>Period of Programme</b>	_____	Years	_____
		Months	_____
<b>Final Deadline for Dissertation/Thesis Submission</b>	DD/MM/YYYY		
<b>Any Special Permissions granted ?</b>	YES <input type="checkbox"/>	NO	<input type="checkbox"/>
<b>If Yes, please give brief details</b>	_____		
	_____		
	_____		
<b>Part 3: Length of Extension Requested</b>			
<b>Requested Extension to the Period of the programme</b>	From: DD/MM/YYYY	To: DD/MM/YYYY	
<b>Final Deadline for Dissertation/Thesis Submission</b>	DD/MM/YYYY		
<b>Is this a retrospective request ?</b>	YES <input type="checkbox"/>	NO	<input type="checkbox"/>
<b>If YES, please state the reasons for this</b>	_____		
	_____		
	_____		

**Part 4. Circumstances**

Please provide full details

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**Current e-mail address** \_\_\_\_\_

**Current postal address** \_\_\_\_\_

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**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**

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**Signed School Postgraduate Director**

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**Date** DD/ MM/ YYYY

**Signed Supervisor**

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**Date** DD/ MM/ YYYY

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

**Approve**  **Defer**

**Notes of issues requiring attention**

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**Reject**

**Note of reasons** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**Signed Chair**

\_\_\_\_\_

**Date** DD/MM/YYYY

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