EXTENSION OF RESEARCH DEGREE TIME LIMIT

PLEASE REFER TO THE GUIDELINES FOR EXTENSIONS OF RESEARCH DEGREE TIME LIMITS WHEN COMPLETING THIS FORM. A FULL AND REASONED CASE SUPPORTED BY APPROPRIATE MEDICAL OR OTHER INDEPENDENT EVIDENCE MUST BE MADE BY THE DEPARTMENT FOR CONSIDERATION BY THE HEAD OF THE GRADUATE SCHOOL. A STATEMENT SHOWING PROGRESS IN THE THESIS AND A SCHEDULE OF THE WORK REQUIRED TO COMPLETE THE THESIS WITHIN THE PROPOSED EXTENSION MUST ACCOMPANY THE FORM.

Surname ………………………………………….…….……. Student Reference No ...……………………………………..

Forenames ……………………………………………………………………….……………...………………………………………..……

Faculty …………………………………………… Department ……………………….………………………..…………….

Degree Scheme…………………………………………….…………………………………………..……………………………………….

Source of Tuition Fees……………………………………………………………………………………………………………………..

Start Date………………………..………………….…… Original Time-Limit (e.g. 4 yrs)….…………………..…………..…

Original Completion Date ………..…………….……….. Proposed Completion Date…………………………………

Proposed Extension 🖵 6 months 🖵 12 months 🖵 other - please specify…………….…..

Statement of grounds for extension by student:

I understand that the information I have provided above will be circulated to relevant members of staff for the purpose of reviewing my special circumstances which I have reported as having affected my academic progress.  I understand that this information will be processed and retained as is deemed necessary for the University’s performance of tasks carried out in the public interest (GDPR Article 6(1)(e)) and under its contractual obligations (GDPR Article 6(1)(b)). It will be retained for one year after completion of my course, unless an appeal or complaint is lodged, in which case the period may be extended.  If sensitive information is included in, or with, the form as completed above, I give my consent for this to be used for the purposes of the University’s research degree extension process:

………………………………………………. …………………………………………………………….

Signature of Student Date

Grounds for Proposed Extension

🖵 Compassionate Grounds 🖵 Serious Domestic Difficulties

🖵 Illness 🖵 Unforeseen Research Difficulties

🖵 Inordinate Professional Commitments

🖵 Medical Certificate Attached (where applicable)

🖵 Supportive Evidence Attached

🖵 Statement of progress and Schedule of work to complete thesis attached

🖵 Evidence of Funding Body Approval Attached (where applicable)

………………………………………………. …………………………………………………………….

Sign & Print name of Supervisor Date

……………………………………………….. ……………………………………………………….……

Sign & Print name of Head of Department Date

……………………………………………….. ……………………………………………………….……

Sign & Print name of Associate Dean (Research) Date

………………………………………………….. …………………………………………………………

Approved by the Head of the Graduate School Date