**REQUEST FOR EXTENSION TO MAXIMUM PERIOD OF STUDY – RESEARCH STUDENTS**



**This form should be used by Postgraduate Research students when applying for an extension to their maximum period of study.**

Except with the permission of the Senate, a candidate’s thesis must be submitted within a prescribed period from the date of the Doctoral/Master candidate's registration as follows:

**For full-time study**

Doctor of Philosophy 48 months

Doctor of Engineering 60 months

Doctor of Business Administration 48 months

Doctor of Education 60 months

Doctor of Educational Psychology 60 months

Doctor of Pharmacy 60 months

Master of Philosophy 24 months

Master of Research 24 months

Master of Research 16 Months (Biomedical Sciences only)

**For part-time study**

Doctor of Education 96 months

Master of Research 48 months

Master of Research 36 months (Biomedical Sciences only)

For all other programmes the expected period of study must be reviewed annually by the Supervisors and confirmed annually at Registration.

The charge for an extension to the maximum period of study is currently £160 per year, or part thereof.

 **PART 1** *(to be completed by student)*

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Address \_\_\_

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 Programme of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Start date of Programme (month & year) \_\_\_

**PART 2** (*to be completed student)*

Number of previous extensions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start and end date(s) for ALL previous extensions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART 3** *(to be completed by student)*

Start and end date of current request (not to exceed 12 months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide full details of the reason for this request **NB: this must be completed in order for your application to**

**be considered ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature Date \_\_\_\_

**PART 4** *(to be completed by Supervisor)*

I support / do not support\* the above request *(\* delete as appropriate)*

Revised submission date as agreed with the student **(dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ADDITIONAL REMARKS *(if any)* \_\_\_\_\_

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Name of Supervisor (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 5** *(to be completed by Vice Dean)*

Signature of Vice-Dean Date of approval \_\_\_\_\_