



REQUEST FOR THE EXTENSION OF REGISTRATION

Surname: _____
First name: _____
URN: _____
Faculty: _____
Department: _____
Name of Supervisors: _____
Original Registration Status: Full-time*/ Part-time*/ Collaborative*

Start date: _____
Member of Staff: Yes/No* _____
Date of Change to Continuing Status (if appropriate): _____
Degree registered for: MPhil* / PhD* / EngD* / PsychD* / MD* / DClinPrac* / DBA* Other* _____
*delete as applicable

State any previous periods of extensions:

Period of extension: From ___/___/___ to ___/___/___ From ___/___/___ to ___/___/___

Justification of the request for an extension beyond the normal registration period (please provide corroborating evidence where appropriate)

Please indicate support for or concerns about this request for extension (to be completed by Faculty)

Timetable for (i) completion of the research, and (ii) the writing of the thesis, with completion dates for each chapter:

| CHAPTER | COMPLETION DATE |
|---------|-----------------|
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Proposed date for submission of the completed thesis/portfolio (DD/MM/YYYY) ___/___/___

Signature of Student.....*Date*.....

Signature of Supervisor.....*Date*.....

Signature of Head of Centre/Dept/Division (if applicable).....*Date*.....

I confirm that I support this request for extension of registration as detailed above:

Signature of Authorised Faculty Signatory.....*Date*.....