

PLEASE REFER TO THE GUIDELINES FOR EXTENSIONS OF HIGHER 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 .....

Institute ..... 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.....

**Grounds for Proposed Extension**

- Compassionate Grounds
- Illness
- Inordinate Professional Commitments
- Serious Domestic Difficulties
- Unforeseen Research Difficulties
- 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)

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Signature of Supervisor Date

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Signature of Head of Department Date

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Signature of Institute DPGS Date

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Approved by the Head of the Graduate School Date