

ID:

Full name:

The University of Birmingham
Academic Services - Academic and Student Administration

EXTENSIONS REQUEST FORM: POSTGRADUATE RESEARCH STUDENTS

PART A: To be completed by the student (and insert your Student ID Number and name on each page of this form)

Surname (Family Name)		
Title Dr, Mr, Ms, Mrs	Forenames	Student ID No
Contact Address: From (date): To (date):		
Post Code		Telephone
School/Department		
Degree/Mode of Study (eg PhD, FT)		Date of Entry into this programme of study
Name(s)Supervisor(s)		
Length of Extension requested: From (Current Submission Date) To (Requested New Submission Date)		

Details of Previous Extensions (if applicable)

Please give dates and reasons. Details should also be given about any periods of leave of absence and mixed full/part-time registration.

Work Plan: Please attach a Work Plan, showing how you intend to complete the outstanding work by the requested deadline. Requests will not be considered without one.

ID:

Full name:

Reasons for requesting an Extension. Requests based on medical grounds must be accompanied by a medical certificate and/or other appropriate documentation. Any other relevant supporting evidence or documentation should also be attached. You should be aware that these documents may be made available to the University's Research Progress & Awards Sub Panel.

If you have held/or hold a Research Council award please indicate below which one?

AHRC – (Approval of University required before submitting request to AHRC)

☐

EPSRC/MRC – (Prior approval of EPSRC/MRC not required.)

☐

BBSRC/PPARC/NERC – Approval of Research Council to be obtained before formally submitting request to UoB. Approval from Research Council will be obtained by Research Studentship Advisor.

☐

ESRC – (Please contact Research Studentship Advisor- J.Bowskill@bham.ac.uk)

Signature

Date

Please forward to your supervisor for completion of PART B.

PART B: To be completed by the Student's Lead Supervisor

ID:

Full name:

I do/do not * support this request for an extension. Please give reasons especially where the request is not supported. *(Delete as appropriate)

Signature

Date

Please forward to the student's Head of School/Department (or nominee) for completion of PART C.

PART C: To be completed by the Student's Head of School/Department (or nominee, e.g. in Historical Studies, the Departmental Director of Postgraduate Studies). Where the Head of School/Department or nominee is the student's supervisor, an alternative person of equal standing should complete Part C.

I do/do not* support this request for an extension. Please give reasons, especially where the request is not being supported. (*delete as appropriate).

Signature

Date

Name (Block capitals)

Please forward the completed form, together with any attachments, to Lyn Hipwood, Team Leader, Student Records (Research), Academic and Student Administration.

For Academic Office Use only. To be completed by the University's Research Progress & Awards Sub Panel, where appropriate, and returned to Lyn Hipwood, Team Leader, Student Records, Academic and Student Administration.

On behalf of the University's Research Progress & Awards Sub Panel, I do/do not* approve the request for an extension. Please give reasons, especially where the request is not supported, which will be made available to the student and their supervisor(s). (*delete as appropriate).

ID:

Full name:

Signature	Date
Name (Block capitals)	

For Office Use only

<i>Sponsor</i>			
<i>If RC funded, Finance Office/Studentship Adviser notified</i>			
<div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div>			
<i>Previous LOA</i>			
<i>Min Date :</i>	<i>Previous</i>	<i>New</i>	
<i>Max Date :</i>			
<i>Fees: Refund/to pay</i>			
SHATCMT/SHANCRS		Billing Course	