**Application to extend full-time research student status**

This form should be returned to Lisa Shaw in the Graduate School, Camden

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| Student name: |  | Department: |  |
| Start date: |  | Current end date: |  |

|  |  |  |
| --- | --- | --- |
| Period of requested extension (please give exact dates): | | |
|  | | |
| Justification for extension, including reasons for the project not being completed in the original time: | | |
|  | | |
| Source of stipend for extension (inc. grant code if appropriate): | |  |
| Source of tuition fees for extension (inc. grant code if appropriate): | |  |
| *If the supervisor is not the grant/budget holder, permission from the grant/budget holder must be provided below:* | | |
| Name of grant holder: | Signature of grant holder: | |

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| **This form should be accompanied by a plan setting out the proposed timescale for completion.** |

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| Signature of supervisor: |  |
| Approved by Head of Graduate School: |  |
| Approved by Vice-Principal for Research: |  |

**Graduate School use:**

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|  | Completed by: | Date |
| SITS dates changed: |  |  |
| Payroll notified: |  |  |
| Tuition fees invoiced: |  |  |