***COMPLETED FORM NEEDS TO BE SENT DIRECTLY TO THE GRADUATE SCHOOL***

**UNIVERSITY OF ROEHAMPTON**

# RESEARCH DEGREES COMMITTEE

# APPLICATION FOR AN EXTENSION TO MAXIMUM PERIOD OF REGISTRATION

***Please copy in your school research degrees convenor when sending this completed form to the Graduate School for approval.***

If you wish to extend your maximum period of registration you should complete this form. Provided that you are within your registration period, and you have the approval of your supervisory team, you may be allowed to extend your maximum period of registration for the periods indicated below. Extensions must be applied for in advance. **All periods of extension must be paid for at the relevant part-time or full-time rate.**

Please type this form or complete it in black ink and in block capitals and, when signed please return to the Graduate School.

## SECTION 1: REGISTRATION DETAILS

**Programme:**

|  |  |  |
| --- | --- | --- |
| **MPhil** | **PhD** | **EdD** |
| **PsychD Forensic Psychology** | **PsychD Counselling Psychology**  **DTh Practical Theology** | **PsychD Psychotherapy & Counselling**  **PhD Prof Education** |

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**Date of Initial Registration:**

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|  |

**Current registration expiry date:**

|  |
| --- |
|  |

**Name:**

|  |
| --- |
|  |

**Student ID:**

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|  |

**School:**

**Mode of Study:**  **Part-time**  **Full-time**

**Have you previously interrupted/ extended? Please state the periods below.**

**Are you in receipt of a scholarship/studentship? Please note, even if your funding has now finished, please do note the scholarship/studentship that you have been in receipt of during your time at Roehampton.**

**Title of research:**

## SECTION 2: EXTENSION REQUEST

|  |  |
| --- | --- |
| **Current registration expiry date:** |  |

**I wish to extend my registration to the following date:**

|  |
| --- |
| to 31st December 2022 |
| to 31st March 2023 |
| to 30th June 2023 |
| to 30th September 2023  *If you submit your thesis early and you have at least one full month of registration remaining, you may be eligible to apply for a partial refund of fees through the University’s Finance Department.* |

SECTION 3: OUTLINE OF PROGRESS AND PROVISIONAL TIMETABLE FOR COMPLETION

#### Please give an outline of your progress so far and your intended timetable for completion. You must justify why the additional time is required and how you will make best use of this time. If you are not able to work on your thesis e.g. for medical reasons, it is usually most appropriate to apply for a period of interruption.

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| *Continue on a separate sheet if necessary* |

For overseas students, the University must report any periods of extension to the relevant authorities (e.g. UK Border Agency). If you are studying in the UK on a student visa, please flag this below. All cases will be checked. Please ensure that you send the form to the immigration team at Roehampton, [immigration@roehampton.ac.uk](mailto:immigration@roehampton.ac.uk) and have it signed before submitting to the Graduate School.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Visa status:** | | | **Not required (Home)** | **Student visa/visitor visa (Overseas)** | | | **Not known** | |
| **Signature:** |  | | | **Date:** |  | |

|  |  |  |
| --- | --- | --- |
| **For office use only –** | | |
| Immigration Officer approval | Signed: | Date |
| Printed: |

### **SECTION 3: SIGNATURES**

*We approve the candidate's registration be extended for the period requested and believe that the candidate has outlined a workable timetable for completion*

|  |  |  |  |
| --- | --- | --- | --- |
| Director of Studies | Signed: | Date: | Department: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: |
| Printed: |

## SECTION 4: GRADUATE SCHOOL APPROVAL

*The Graduate School approve this extension to maximum period of registration*

|  |  |  |
| --- | --- | --- |
| Signature of Chair of Research Degrees Committee | Signed: | Date: |
| Printed: |