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Description automatically generated

# GS4: APPLICATION FOR EXTENSION 2023-2026

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| **All personal information gathered will be processed in accordance with TUS privacy statements**  **Where a research student is performing to the required level, but is likely to overrun the allowable time limit, they may apply to the Faculty Research Committee with the approval of their supervisor for an extension of the time limit for a maximum of 1 year (full-time equivalent).**  **Section A to be completed by the Research Student with signature required from Principal Supervisor**  **Section B to be completed by the Chairperson of the Faculty Research Committee and signed by the Dean of Graduate Studies.** |

**SECTION A: To be completed by the Research Student**

**Research Student and Programme Details:**

|  |  |
| --- | --- |
| Research Student Name |  |
| Research Student Number |  |
| Programme Code and Title |  |
| Title of Research Project |  |
| Department and Faculty |  |
| Research Institute, Centre or Group |  |
| Principal Supervisor |  |
| Programme Start Date (date, month, year) |  |

**Details of Extension:**

**For how long do you wish to extend your programme?**

|  |  |  |  |
| --- | --- | --- | --- |
| **0-3 months** | **4-6 months** | **7-9 months** | **10 – 12 months** |

**Is this your first application for an extension of your programme?**

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| --- | --- |
| **Yes** | **No** |

If no, please provide details including when you applied for the extension(s), if/when it/they were granted, and the duration of the extension(s).

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Please state clearly and in detail the reason(s) for your application to extend your programme of study.

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Please provide an overview of the work completed on your thesis to date including dates when laboratory work/fieldwork was completed, number of chapters submitted to supervisors, dates and achievement of key milestones (maximum 600 words).

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Please provide a detailed programme of work detailing how you will achieve the remaining milestones of your dissertation within the time limit of the extension being sought (max. 1000 words, please use a separate sheet if necessary). This should be discussed with your Principal Supervisor.

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Research Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: To be completed by the Chairperson of the Faculty Research Committee and Signed by Dean of Graduate Studies**

**Is this application approved by the Faculty Research Committee?**

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| --- | --- |
| **Yes** | **No** |

**Please provide justification of decision (max. 200 words).**

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**If the extension is approved, please state the new submission date (day/month/year)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chairperson of the Faculty Research Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Graduate Studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_