Length of	of exter	nsion reque	sted:									
	3 moi	nths		6 months		9 months	s [12 r	months		
Signed	d	:					Date	:				
		(Student)				•						
Section B – To be completed by the supervisor I recommend that the student be permitted an extension of his/her research degree registration period.												
Signe	d	:					Date	:				
		(Main supe	ervisor)				<u> </u>				
SECTION C – To be completed by the Director of Doctoral Studies Approval is given for an extension of registration as follows:												
	3 month			6 months			nths			12 months		
	Full-tim			Part-time			Pre-submission status					
Signed	d	:					Date	:				

(Director of Doctoral Studies or MAH Doctoral convenor)

Once completed, please could the REC return this form to the Student Records Team