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**HIGHER DEGREES COMMITTEE**

**Form RDC 3e**

***APPLICATION FOR EXTENSION OF REGISTRATION***

**(This form should be completed electronically and signed. Emails from the signators confirming their approval**

**will be accepted if a signature or electronic signature is not possible. )**

**Section 1. Student Information** (To be completed by the student and the Director of Studies)

|  |  |
| --- | --- |
| **Name** |  |
| **Matriculation Number** |  |
| **School** |  |
| **Mode of Attendance** | **Part-time Full-time**  **Delete as Applicable** |
| **Title of research programme** |  |

**Section 2. The Supervision Team** (To be completed by the Director of Studies)

|  |  |
| --- | --- |
| **Supervisor** | **Title and Name** |
| **Director of Studies** |  |
| **2nd Supervisor** |  |
| **3rd Supervisor** |  |
| **Advisor (Internal/External)** |  |

**Section 3. Registration** (To be completed by the student and the Director of Studies)

|  |  |
| --- | --- |
| **Registered for** | **MPhil MPhil/PhD PhD Prof.D**  **Delete as Applicable** |
| **Matriculation Date** |  |
| **Confirmation of progression to PhD approved** |  |
| **Details of previous Extensions of Registration approved (please provide dates)** |  |
| **Extension of Registration period requested to** |  |
| **Reasons for Extension Request** |  |

**Section 4. Summary of Progress Made** (To be completed by the student)

The candidate is required to attach a summary not exceeding 500 words of the progress on the project so far, the work still

outstanding and an estimate of the time needed to complete.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Signed by Student** |  | **Date** |  |

**Section 5. Recommendation of the Supervisors**

Having considered all aspects of the candidate’s progress and having examined the summary of that progress attached, we

recommend that the registrations period should be suspended as requested above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Supported by Director of Studies** |  | **Date** |  |
| **Supported by 2nd Supervisor** |  | **Date** |  |
| **Supported by 3rd Supervisor** |  | **Date** |  |

**Section 6. Support by Postgraduate Research Tutor / Associate Dean of Research**

I certify that facilities will continue to be available for the above candidate within the Department.

|  |  |  |  |
| --- | --- | --- | --- |
| **Supported by PGRT**  **or**  **Supported by ADR** |  | **Date** |  |
|  |