



Application for Extension of Master's Candidature

Only in exceptional circumstances will extension of candidature be granted to Master's candidates beyond two years (full-time candidature) or four years (part-time candidature). Generally, an extension of three months will be granted in the first instance only. An additional three months extension may be considered on application.

Extension beyond six months for both full-time and part-time candidacy will not normally be granted.

An extension will only normally be approved where research has been delayed by circumstances beyond the candidate's control, eg equipment breakdown, change in research direction, change in supervision, inadequate library or other resources, illness of candidate etc.

SECTION A: To be completed by Student

Student Name: _____

ID Number: _____

Mailing Address: _____

_____ Postcode: _____

Email address: _____

Telephone: _____ (B/H) _____ (A/H)

Period for which extension is sought: From: _____ To: _____

Please provide in writing on a separate sheet and include as an attachment:

Reason why an extension is required;

- An estimated time lost due to delays;
- Details of experimental or other work still to be completed;
- Current stage of thesis preparation (eg number of chapters in final draft, preliminary draft, point form etc);
- A timetable of monthly targets for completion of the work within the additional period of candidature requested.

Please remember to attach all relevant information

Student's Signature: _____ Date: _____

SECTION B: To be completed by Main Supervisor

I do support the student's application for the following reasons, subject to the conditions set out below:

I do not support the student's application on the following grounds:

To assist the Research Degrees Committee in considering this application you are requested to provide a comprehensive statement on the progress on the candidate has thus far made toward their research.

Supervisor's Name (please print): _____

Signature: _____ Date: _____

Faculty Representative's Name (please print): _____

Signature: _____ Date: _____