**FORM RD10**

**APPLICATION FOR EXTENSION OF PERIOD OF REGISTRATION**

**Note 1:** An application for extension must normally be submitted to doctoralcollegeoffice@napier.ac.uk for consideration at the **Doctoral College Exam Board** at least 3 months before the candidate’s maximum end date.

**Note 2:** The application form must include (at section 3 or in a separate document) a summary of the candidate’s progress to date and a timetable for completion.

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| 1 STUDENT DETAILS |
| Name | Click or tap here to enter text. |
| Matriculation number | Click or tap here to enter text. |
| School  | Choose an item. |
| Director of Studies | Click or tap here to enter text. |
| Date of registration | Click or tap to enter a date. |
| Mode of study/target degree | Choose an item.  | Choose an item. |
| Maximum end date before extension | Click or tap to enter a date. |
| Length of extension requested | Click or tap here to enter text. |

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| 2 LIST ANY PREVIOUS PREVIOUS EXTENSIONS AND/OR PERIODS OF SUSPENDED STUDY (WITH A BRIEF REASON FOR THESE REQUESTS) |
| Click or tap here to enter text. |
| 3 REASON FOR EXTENSION REQUEST  **Please include a summary of progress to date and a timetable for completion.** |
| Click or tap here to enter text. |
| Student signature |  |
| Date | Click or tap to enter a date. |

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| 4 SUPERVISORS’ RECOMMENDATION  **to be signed by DoS** |
| **We confirm that** 1. We have met with the student and reviewed a summary of progress to date.
2. We have agreed with the student a timetable to complete the thesis if the extension is granted.
3. We are confident that this timescale is realistic and the candidate will complete successfully.

**We therefore recommend that the registration period should be extended as requested above.** |
| Signature of Director of Studies  |  |
| Date | Click or tap to enter a date. |

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| 5 SCHOOL SUPPORT FOR APPROVAL OF EXTENSION OF REGISTRATION  |
| I confirm that this application for extension is supported by the School Research and Innovation Committee |
| Signature of School Research Degrees Leader |  |
| Date | Click or tap to enter a date. |

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| 6 FORMAL APPROVAL OF EXTENSION OF REGISTRATION  |
| I confirm that this application for extension has been considered by and approved by the Doctoral College Exam Board |
| Signature of Convenor of DCEB |  |
| Date |  |