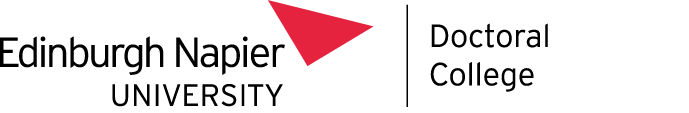
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**FORM RD18**

**APPLICATION FOR EXTENSION TO DEADLINE FOR SUBMISSION OF AMENDED THESIS**

**(POST-VIVA EXTENUATING CIRCUMSTANCES)**

The length of any extension approved will not normally be greater than the standard time period allowed for the completion of amendments. That is, students with minor corrections may be permitted up to an additional two months; students with major amendments may be permitted up to an additional six months.

**When this form has been signed by the School Research Degrees Leader it should be submitted to:**

[researchdegrees@napier.ac.uk](mailto:researchdegrees@napier.ac.uk)

(Research Degrees, H18 Merchiston Campus, Edinburgh Napier University, Edinburgh EH10 5DT)

|  |  |
| --- | --- |
| 1 STUDENT DETAILS | |
| Name |  |
| Matriculation number |  |
| School |  |
| Director of studies |  |
| Award examined for | Choose an item. |
| Exam outcome | Choose an item. |

|  |  |
| --- | --- |
| 2 EXAM PANEL DETAILS | |
| External examiner 1 |  |
| External examiner 2 |  |
| Internal examiner |  |
| Exam panel chair |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3 PERIOD OF EXTENSION APPLIED FOR | | | |
| CURRENT DEADLINE FOR SUBMISSION |  | ADDITIONAL TIME REQUIRED |  |

|  |
| --- |
| 4 BRIEF DESCRIPTION OF EXTENUATING CIRCUMSTANCES ***to be completed by student*** |
| *Detailed information about illness and personal circumstances need not be included. The Director of Studies may instead provide a statement on the form to confirm that they have satisfied themselves that the circumstances are genuine and that the extension sought is reasonable. Students should note that medical evidence may be required by the Director of Studies and/or the School Research Degrees Committee.* |
|  |

|  |  |
| --- | --- |
| 5 EPC RECOMMENDATION | |
| Having considered the candidate’s situation, and made an assessment of the time required to complete the work given the extenuating circumstances, I recommend that the extension is approved, | |
| EPC signature  Date |  |
| Date |  |

|  |  |
| --- | --- |
| **6 FORMAL APPROVAL OF THE SCHOOL RESEARCH DEGREES COMMITTEE** | |
| I confirm that   * Each member of the examination team has been consulted * The application for extension is approved | |
| School RDL signature |  |
| Date |  |