**FORM RD19**

**APPLICATION FOR GRACE PERIOD**

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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. | |
| Current registration end date | Click or tap to enter a date. | |
| Mode of study/target degree | Choose an item. | Choose an item. |

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| 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. |

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| 2 STUDENT DETAILS | Agree | Disagree |
| I have completed all the necessary data gathering/generation and practical research required to complete my thesis to the level of the degree for which I am studying. |  |  |
| If you have answered ‘disagree’ to the question above, please state when you realistically intend to stop gathering or generating data. Data gathering/generation will not be permitted any more than 8 weeks into the Grace Period. |  | |
| I believe I am realistically able to complete the work described below in the period of twelve months. |  |  |
| I understand that any work I submit for review by my supervisors will need to be submitted sufficiently in advance of the end of my grace period to allow my supervisors to provide feedback and me to address that feedback. |  |  |
| I understand the grace period is provided to allow me to complete my thesis and I will not use this time to engage in other academic work in tandem with my thesis. |  |  |
| There are no restrictions from my funding body which prohibit me from applying for use of a grace period. |  |  |

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| Student signature |  |
| Date | Click or tap to enter a date. |

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| 4 SUPERVISORS’ RECOMMENDATION  **to be completed by DoS** | Agree | Disagree |
| The student has, to the best of my knowledge, completed all the necessary data gathering/generation and practical research required to complete their thesis to the level of the degree for which they are studying. |  |  |
| If you have answered ‘disagree’ to the question above, please state when you realistically expect the student to stop gathering or generating data. Data gathering/generation will not be permitted any more than 8 weeks into the Grace Period. |  | |
| I believe the student is realistically able to complete the work described below in the period of twelve months. |  |  |
| I expect any work I accept for review to be submitted sufficiently in advance of the end of the student’s grace period to allow my colleagues and me to provide feedback and the student to address that feedback. I will arrange the provision of such feedback in order to ensure the timely submission of the thesis. |  |  |

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| Signature of Director of Studies |  |
| Date | Click or tap to enter a date. |

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| Chapter / Component | Status | Description of activity left to complete | Deadline |
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* Please provide sufficient detail above for the School Research Degrees Committee to be able to make an informed decision as to whether the work left to complete is manageable within the 12 months permitted. Please also be honest and realistic. The information entered above will be considered binding and any work added subsequently will not be admissible in support of a request for additional time.
* A request for a Grace Period which outlines an unfeasible or unclear plan of work will not be approved.

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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 Degrees Committee | |
| Signature of School Research Degrees Leader |  |
| Date | Click or tap to enter a date. |