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| A picture containing text  Description automatically generated | **Application for Extension to Time Limit for PGR Students** **For guidance on completing this form, please see:** <https://www.sheffield.ac.uk/rpi/pgr/manage/extensions> |

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| **SECTION 1: TO BE COMPLETED BY THE STUDENT** |
| Family Name |  | First Name |  |
| Registration Number |  | Department |  |
| Mode of attendance (e.g. FT, PT, Remote Location) |  | Staff Candidate | [ ]  Yes [ ]  No  |
| Current Time Limit(this is the date your extension will start) | DD | MM | YYYY | Number of Months’ Extension Requested |  |
| Please state why you have not completed the thesis within your current time limit: |
| Please state how much of your thesis is currently completed and how much additional work still needs to be done prior to submission: - *e.g. 80% completed, 20% not yet completed* |
| Using the template below, please provide a detailed work plan for completing your thesis within the requested extension period: -  *applications that do not include this detail will not be approved* |
| **Activities** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| *e.g. completion of results chapter* |  |  |  |  |  |  |  |  |  |  |  |  |
| *e.g. incorporating supervisor feedback* |  |  |  |  |  |  |  |  |  |  |  |  |
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| Student signature: | Date: |
| **Confirmation of the outcome of your time limit extension request will be sent to your university email account** |

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| **SECTION 2: TO BE COMPLETED BY THE ACADEMIC DEPARTMENT** |
| Is the student’s assessment of the amount of work still to be completed, and the revised timescale for completion, accurate/achievable? – *If not, provide details below*  | [ ]  Yes [ ]  No  |
| Do you support the student’s application for an extension to their time limit? – *please bear in mind the impact of extensions on departmental submission rates* | [ ]  Yes [ ]  No  |
| Supervisor’s statement (compulsory): *please use this space to* *add further information*  |
| **This application has been considered by the Department and the above information is accurate** |
| Supervisor Name: | Signature: | Date: |
| HoD/PGR Lead Name: | Signature: | Date: |

**Completed forms should be sent to Research, Partnerships and Innovation for processing: Arts & Humanities -** **pgrarts@sheffield.ac.uk****; Engineering -** **pgreng@sheffield.ac.uk****; Health -** **pgrhealth@sheffield.ac.uk****; Science -** **pgrsci@sheffield.ac.uk****; Social Sciences -** **pgrsocsci@sheffield.ac.uk**

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| **SECTION 3: TO BE COMPLETED BY INTERNATIONAL STUDENT SUPPORT, ADVICE & COMPLIANCE FOR APPLICATIONS BY OVERSEAS STUDENTS ONLY** |
| Is a new ATAS application required?  | [ ]  Yes [ ]  No | If Yes: Is ATAS required immediately? [ ] Or, as part of a new Tier 4 visa application? [ ]  |

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| **SECTION 4: TO BE COMPLETED BY RESEARCH, PARTNERSHIPS AND INNOVATION** |
| Most recent CAS course end-date (DDMMYY) |  | Number of months LOA or Extension previously approved | LOA | Ext |
| Refer to Special Cases Committee?[ ]  Yes [ ]  No | Is this extension request approved by the Faculty/SCC? [ ]  Yes [ ]  No | Is this a final extension? If yes, student must submit by the new time limit or will be deemed withdrawn[ ]  Yes [ ]  No |
| Notes: please record any amendments or notes concerning this application. If an extension is not approved a reason must be provided. |
| **Signed on behalf of the Faculty by:** |
| Name: | Signature: | Date: |
| Revised time limit for submitting the thesis: |  | Fees payable for this extension: |  |