***APPLICATION FOR EXTENSION OF REGISTRATION PERIOD***

***DOCTORAL STUDENTS***

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| --- | --- | --- | --- |
| **Student number:**  |  | Year of study: |  |
| Title:  |  | Initials & Surname: |  |
| Programme:  |  |
| Email address:  |  |
| Tel no:  |  | Mobile no: |  |
| Short Progress report: |
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| Planned completion date: |  |
| Signed:  | Date:  |
| **SUPERVISOR NAME:** |  |
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|  |
| Planned completion date: |  |
| Progress acceptable:  |  |
| No communication:  |  |
| Reason for concern:  |  |
| Signed: | Date:  |
| **HEAD OF DEPARTMENT:**  |
| Comments/Recommendation: |
|  |
|  |
| Signed:  | Date  |
| **DEAN/DEPUTY DEAN:**  |
| Comments/Decision: |
|  |
|  |
|  |
| Signed: | Date: |