***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: | | | | | | | |
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|  | | | | | | | |
| Signed: | | | | | Date | | |
| **DEAN/DEPUTY DEAN:** | | | | | | | |
| Comments/Decision: | | | | | | | |
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| Signed: | | | | | Date: | | |