

**Faculty of Science & Engineering**

**REQUEST FOR AN EXTENSION TO THE**

**FINAL SUBMISSION DEADLINE DATE**

Candidates are expected to be available in the period after the oral examination to complete minor corrections as part of their responsibilities in the examination of their degree. In very exceptional circumstances, candidates may apply to the Faculty Postgraduate Research Panel for permission to submit the corrected thesis later than within the four-week timeframe. If the extension request is rejected, the Panel may alternatively grant permission to submit late.

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| **Part 1: Student details**  **Student ID number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title** \_\_\_\_\_\_\_\_\_\_  **Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Main supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Centre for Doctoral Training (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Current Degree Registration: PhD/EngD/EntD/MPhil/MSc by Research/MEnt**  **Part-time/Full-time** |
| **Part 2: Extension of final submission deadline details**  **I request an extension to the final submission deadline date of days/weeks/months**  **to DD/MM/YYYY** |
| **Part 3: Circumstances of the extension - please select the relevant circumstance(s)**  Serious Illness **\*** Death/serious illness of a partner, family member or close friend  Serious personal problems Jury Service Unforeseeable or unpreventable events  Maternity, paternity, shared parental or adoption leave  Redeployment to work on COVID-19 related research or other COVID-19 related activity  Additional COVID-19 related caring responsibilities  Illness related to COVID-19 (including mental health issues)  Extended lack of supervision/guidance due to COVID-19 related activity  Exacerbation of a COVID-19 related impact due to a disability including neurodiversity or any other protected characteristics  Any other considerations that can be specifically attributed to COVID-19 and evidenced in the case  **\* *If circumstance is one of medical nature, relevant medical evidence must be attached***  ***NOTE:***  ***If you are registered with the Disability Advisory & Support Service (DASS), please tick here to confirm that you give your Supervisor/Department permission to contact DASS if needed***  **Part 3 (continued)**   1. **Please describe circumstance(s) and justification for your application** 2. **Plan for completion of corrections to the thesis/dissertation**   Please provide the following:   * Detail on the current status of the thesis/dissertation (what has been completed and what remains to be completed) * Clear work plan **and** a timeline for completion of the thesis/dissertation (this should be presented in the form of a Gantt chart or similar)   ----------------------------------------------------------------------------------------------------------------------  The University of Manchester will use the information which you supply to us to consider a request for special permission in relation to the regulations (for an extension of final submission deadline date).  If necessary, we may also disclose your information to UK Research & Innovation (UKRI), if you are a funded student.  We will keep your information for a period of 6 years following completion of programme, or withdrawal from programme, after which your personal data will be securely destroyed.  For further information on how your data are used, how we maintain the security of your information and your rights to access information we hold on you please contact the University’s Records Management Office.  **I give consent for the data provided on this form, and any accompanying documentation, to be processed by the Faculty for the purposes of this request**  **I confirm that I have read the guidelines for this request form and consulted the University’s *Policy on Circumstances Leading to Changes to PGR Study***  **Signed Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YYYY**  **Part 4: Recommendation of the Internal Examiner**  Comments of the Internal Examiner:  **Signed Internal Examiner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YYYY** |

* **Where is the form sent?**
* Fully completed/signed forms and supporting documentation should be sent to the PGR Services Office, (email: [eps-subs@manchester.ac.uk](mailto:eps-subs@manchester.ac.uk)).

**FSE PGR Services Team**

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**The University of Manchester**

**Manchester**

**M13 9PL**

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