

**Faculty of Science & Engineering**

**REQUEST FOR AN EXTENSION TO THE**

**FINAL SUBMISSION DEADLINE**

**(following an Ai, Aii, Ci or Cii examination result)**

***PLEASE READ THE GUIDANCE ON THE*** [***FSE DOCTORAL ACADEMY WEBSITE***](https://www.se.manchester.ac.uk/doctoral-academy/research/change-of-circumstances/extensions/) ***BEFORE COMPLETING THIS REQUEST***

|  |
| --- |
| **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  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***   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) * A *Completion Plan* must be submitted along with this request form   ----------------------------------------------------------------------------------------------------------------------  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 *Change of Circumstances Policy for Postgraduate Research Students***  ***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***  ***IMPORTANT: If you are an international PGR who will require a new ATAS if your extension is approved, please tick here. Please*** [***refer to guidance***](https://www.studentsupport.manchester.ac.uk/immigration-and-visas/atas/) ***or seek advice from the*** [***Student Immigration Team***](https://www.studentsupport.manchester.ac.uk/immigration-and-visas/)  ***if needed.***  **Signed Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YYYY**  **Part 4. Recommendation of the Internal Examiner**  Comments of the Internal Examiner:  **Signed Internal Examiner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YYYY** |

**Once completed, please return this form and any supporting documentation to:**

**FSE Doctoral Academy Support Team (Examinations)**

[**FSE.doctoralacademy.exams@manchester.ac.uk**](mailto:FSE.doctoralacademy.exams@manchester.ac.uk)