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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**](mailto:pgrarts@sheffield.ac.uk)**; Engineering -** [**pgreng@sheffield.ac.uk**](mailto:pgreng@sheffield.ac.uk)**; Health -** [**pgrhealth@sheffield.ac.uk**](mailto:pgrhealth@sheffield.ac.uk)**; Science -** [**pgrsci@sheffield.ac.uk**](mailto:pgrsci@sheffield.ac.uk)**; Social Sciences -** [**pgrsocsci@sheffield.ac.uk**](mailto: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** | | | | | | |
| No. months LOA/EXT previously approved | LOA | EXT | | Refer to Special Cases Committee? | Yes  No | |
| 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: | |  |