

APPLICATION FOR AN EXTENSION OF TIME IN WHICH TO COMPLETE A
PROGRESSION REVIEW

SECTION 1 - To be completed by **CANDIDATE**

Name:	Student No:
Degree:	Stage:

<p>1. Current deadline for progression review:</p> <p>2. Proposed new deadline for submission of progression review: (NB Extensions will normally be granted for short periods only)</p> <p>5. Reasons for request (If late submission is due to illness medical evidence should be attached):</p>

Signed _____ Date _____ (Candidate)	Signed _____ Date _____ (Main Supervisor) Name: _____
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SECTION 2 - To be completed by Postgraduate Research Student Coordinator

Do you support this application?

YES NO

Comments

Signed _____ Date _____
(PgRSC)
)
Name: _____

● YOU SHOULD NOW RETURN THIS FORM TO THE GRADUATE SCHOOL, FACULTY OF MEDICAL SCIENCES, FRAMLINGTON PLACE. ●

Dean of Postgraduate Studies' comments:	Approved / Not approved (<i>please delete as appropriate</i>)
	Signed
	_____ (Dean of Postgraduate Studies)
	Name: _____
	Date: _____