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| **FORM UPR12** Application for Extension of RegistrationPlease complete and return the form to your First Supervisor | | | | | | | | | http://www.port.ac.uk/departments/services/marketingandcommunications/corporateidentity/logo/filetodownload,199986,en.jpg | |
| **Postgraduate Research Student (PGRS) Information** | | | | | | **Student ID:** | | |  | |
| **PGRS Name:** |  | | | | | | | | | |
| **Department:** |  | | **First Supervisor:** | | |  | | | | |
| **Study Mode and Route:** | | Part-time  Full-time | |  | MPhil  PhD | |  | MD  Professional Doctorate | |  |

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| **PhD, MPhil & MD students may apply for 6 months or 1 year.**  **Prof Doc students may apply for 6 months, 1 year, 18 months or 2 years.**  **An extension of up to 6 months in length would be charged at 50% of the extension fee, an extension beyond 6 months in length would be charged at 100% of the extension fee as per the** [**Tuition Fee Policy**](https://kb.myport.ac.uk/Article/Index/12/4?id=2230&fromwidget=false&searchid=0&isSearch=true) |

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| **Extension Requested** | | | |
| **Date From:** |  | **Date To:** |  |

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| **Exceptional Extension Requested**  **(Please attach a written statement detailing the reason for an Exceptional Extension**) | | | |
| **Date From:** |  | **Date To:** |  |

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| Reason for Extension Request **(for reporting purposes only)** | | | |
| **Further research and work required** |  | Writing up only |  |

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| **Signatures:**  The signatories listed below must see and acknowledge this form by inserting a JPEG electronic signature at picture icon(s) or attaching email confirmation. | | |
| **PGRS:** |  | **Date:** |
| **First Supervisor:** |  | **Date:** |
| **Departmental Research Degrees Coordinator:** |  | **Date:** |
| **Chair, Faculty Research Degrees Committee** |  | **Date:** |
| **Only once signed by the Chair, FRDC, please send to** [**researchdegrees@port.ac.uk**](mailto:researchdegrees@port.ac.uk) | | |