|  |  |
| --- | --- |
| **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-timeFull-time  | [ ] [ ]  | MPhil PhD | [ ] [ ]  | MDProfessional Doctorate | [ ] [ ]  |

|  |
| --- |
| **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) |

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

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

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

|  |
| --- |
| **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** |