Form RDC-Ext (2022)

**OXFORD BROOKES UNIVERSITY**

# RESEARCH DEGREES COMMITTEE

# Application for Extension of Period of Registration

This form should be completed by the candidate and supervisors, with reference to the Oxford Brookes University Research Degree Regulations. The form should be wordprocessed.

**1 The candidate**

Name:

Student ID:

**2 The supervisors**

**2.1** a) Director of Studies (include name, qualifications, post held and place of work):

b) Co-Director of Studies (include name, qualifications, post held and place of work):

**2.2** Second Supervisor(s) (include name, qualifications, post held and place of work):

 b)

 c) (Supervisor acting in the role of Mentor to the Supervisory Team)

**3 Registration**

Initially registered for: MPhil / MPhil/PhD / PhD/PhD by Published Work/MA, MSc, LLM by Research/Research Component of the Professional Doctorate (delete as appropriate)

**4 Extension of registration**

 ***Applications for extension of registration for up to 1 year may be submitted. To note that as set out in the Research Degree Regulations only 2 years of extension to the maximum period of registration may be submitted.***

Extension of registration requested to the following end date:

Reasons for extension of registration:

*Provide a brief summary of the reasons for this application*

**5 Summary of progress made and further work**

 *In the space provided below*, *the candidate must provide a summary of the progress made on the project and of the work still to be undertaken, clearly showing how it will be completed within the time requested.*

**Signed by candidate . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

## 6 Recommendation by the Director of Studies on behalf of the Supervisory Team

We support this application for extension of registration.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

*(signed by the Director of Studies)*

**7 Recommendation on behalf of the candidate's Faculty**

On behalf of the Faculty I support this application for extension of registration.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . . . . Faculty . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Faculty Postgraduate Research Tutor / Research Committee Chair)

**8 Approval of extension of period of registration on behalf of Oxford Brookes University**

I confirm that the period of MPhil / MPhil/PhD / PhD/ PhD by Published Work/MA, MSc, LLM by Research/

Research Component of the Professional Doctorate registration for . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Chair / Vice-Chair / of the Subject Sub-Committee of the Research Degrees Committee)