

Student details

First, please provide the details below (note that all fields must be filled in).

Family name *

First name(s) *

Student Record Number *

Programme of study *

Mode of Study *

- Full time
 Part time

Year of study (e.g. 1, 2, 3 and so on) *

Date of student's initial registration at RHUL *

Department submitting the request *

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PGR Waiver/Extension - nature of the request

Please select one option below; you will then be taken to the next page of the form to fill in further details.

Please check the relevant option *

- Request for extension to the Maximum Period of Study for Postgraduate Research Students
- Request to permit a first attempt at the upgrade from MPhil to PhD after 20 months of full-time study/ 40 months of part-time study
- Request to permit a second attempt at the upgrade from MPhil to PhD after 24 months of full-time study/ 48 months of part-time study
- Request to permit the student to submit the MPhil/ PhD thesis for examination earlier than permitted
- Request to permit a period of interruption in excess of 24 months
- Request for viva by Skype
- Request for interruption of studies
- Request for interruption of studies in the writing-up year
- Other

Nature of the PGR request if not described above

Anticipated new upgrade date (if applicable)

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Request for extension to the maximum period of study for Postgraduate Research Students

Please fill in the details of the request below:

Current final submission date (maximum period of study) *

Proposed new submission date *

Duration of proposed extension in months (maximum of six months from current submission deadline) *

Has the funding body/sponsor agreed?

Yes No

Name of funding body/sponsor

Name of Supervisor *

First

Last

Name of Advisor/second Supervisor if applicable

First

Last

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Rationale for the request

Please provide a rationale for the request or, in the case of extensions, any further relevant information.

Rationale *

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Evidence in support of the request

Please upload supporting documentation below:

Evidence (of extenuating circumstances, for instance)

Extension/interruption requests: please upload the Extension/Interruption Request Form (completed and signed by the student and supervisor) using the box below.

Details of the Member of Staff Submitting the Request

Please provide the details below (note that all fields must be filled in).

Name of the staff member submitting the request *

First

Last

College email address of the member of staff named above *

Role of the member of staff named above *

- Director of Graduate Studies
- Director of Research
- Other

Today's date *

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