

**REQUEST FOR AN EXTENSION TO THE DUE DATE FOR SUBMISSION OF A DOCTORAL/MASTER’S THESIS FOR EXAMINATION**

*Reference: Doctoral Regulations: for PhD and other Doctorates with Theses 4.4.3, Master’s Thesis Regulations 7.5*

***Instructions: Part A*** *is to be completed by the candidate and* ***Part B*** *by the supervisor. Forward the form, with evidence attached, to the home Faculty Student Advisor who will complete* ***Part C*** *and forward the form for the necessary approvals****.***

***Extensions****:*

* *You must apply for an extension if you have not submitted your thesis:*
	+ *In a doctoral programme – within* ***four*** *years full-time (or equivalent) registration;*
	+ *In a Master’s programme – within* ***one*** *year full-time (or equivalent) registration.*
* *You must apply in advance of the expiry date of your current registration.*
* *An application must be accompanied by a detailed plan for completion of the thesis.*
* *Extensions for doctoral candidates are granted in whole months to the nearest registration period (ending* *31 March, 30 June, 30 September or 31 December). The maximum period that can be approved at any one time is 12 months.*
* *Extensions for doctoral candidates must be approved by the Dean of the Wellington Faculty of Graduate Research (WFGR).*
* *Extensions for Masters’ candidates are granted in whole month periods. The maximum period that can be approved is 3 months (full-time) or equivalent.*
* *Extensions for Master’s candidates up to 3 months may be approved by the Associate Dean (PGR); further extensions must be approved by the Dean of the Wellington Faculty of Graduate Research (WFGR).*

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| **PART A**  |
| **Candidate’s last name:**  |    |
| **First name/s** |       |
| **Student ID number:** |       | **Scholarship holder**: Yes [ ]  No [ ]   |
| **School:** |       | **Faculty:**       |
| **Date of initial enrolment:** |       | **Study visa holder:**  Yes [ ]  No [ ]  |
| **Date current registration expires:** |       | **Course Code:** |
| **Name of Victoria Supervisor:**(usually the primary supervisor) |       |
| **Name of other supervisor/s:** |       |
| **Dates of any previous extensions:** |       |
| **This request is for extension to due date for submission of:** (tick one) | [ ]  **Doctoral Thesis** [ ]  **Master’s Thesis** |
| **Length of extension** (whole months only) | Total number of months:       Date from:       to:       |

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| **CANDIDATE’S REASON FOR REQUESTING AN EXTENSION**  |
| **Please explain why you need to extend your registration:**       |
| **Further Information Required:**[ ]  I have attached evidence in support of my application.[ ]  I have attached a detailed plan for completing my thesis.  |
| Candidate’s signature:  |  | Date: |       |

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| **PART B. VICTORIA SUPERVISOR’S STATEMENT**  |
| [ ]  I support the candidate’s request for an extension. [ ]  The plan for completion is realistic and achievable. *Comments:*      |
| Name:  |       |
| Signature: |  | Date:  |       |

**Candidates: Please forward this form, with evidence attached, to the Student Advisor in your home Faculty who will complete any missing information on page one and forward the form for approval.**

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| **PART C. STUDENT ADVISORS TO COMPLETE**  |
| [ ]  Please check that enrolment and registration information on the form is complete and correct and fill in any missing information.[ ]  Attach the candidate’s latest progress report (Candidate Development Plan or Masters’ Progress Reports).[ ]  Attach the SWAREGQ report. |
| **PART D. APPROVALS AND RECOMMENDATIONS**  |
| **HOME FACULTY ASSOCIATE DEAN (PGR)**[ ]  Request approved [ ]  To FGR?[ ]  Request declined*Comments (comments may be provided here to assist the Dean FGR):*      |
| Name:  |       |
| Signature: |  | Date |       |
| **DEAN, WELLINGTON FACULTY OF GRADUATE RESEARCH** (approval required for **all** doctoral candidates, and for any Master’s thesis candidate seeking an extension beyond 3 months)[ ]  Request approved [ ]  Request declined*Comments:*      |
| Name:  |       |
| Signature: |  | Date |       |

 **HOME FACULTY OFFICE USE ONLY**[ ]  Banner entry - Date:
[ ]  Scholarships Office notified - Date:
[ ]  HoS / School admin notified - Date: