

**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: