

Special Cases Request Form

Section 1

Candidate Details

Institution/Centre of Study			
Family Name			
Given Names		Previous Name(s)	
USN Number			
Degree			
Start Date			
Mode of Study (FT/PT)			

Please complete **either** Section 2 or Section 3 below.

Section 2

Extension Request

Has the student previously been given an extension to registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details (length of extension/date given/reason/supporting evidence):	
Reasons for extension (supported by appropriate evidence)	Medical <input type="checkbox"/> Professional Commitments <input type="checkbox"/> Compassionate <input type="checkbox"/> Other <input type="checkbox"/> <i>Please specify:</i>
Length of extension requested	___ months
Original Deadline Date	__/__/__
Revised deadline date	__/__/__
Does the Institution/Centre support the request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	

Section 3

Suspension Request

Has the student previously had a suspension to registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details (length of suspension/date given/reason/supporting evidence)	
Length of suspension requested	_____ months
From	__/__/__
To	__/__/__
Reasons for suspension (supported by appropriate evidence)	
Does the Institution/Centre support the request?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4

Signatures

Candidate			
Name		Date	
Signature			
Representative from Collaborative Centre			
Name		Date	
Signature			

Please ensure that all applicable sections of the form have been completed and signed and return to registryhelpdesk@wales.ac.uk. Please note that electronic signatures are not permitted.

If you have a request which you do not feel is covered by this form, please e-mail full details to registryhelpdesk@wales.ac.uk.