

CA1: Change of Arrangements

Extension/Suspension Request

(Please note that all extension and suspension requests will be considered for approval by the University of Wales Quality, Special Cases Committee)

Section 1

Candidate Details

Institution/Centre of Study			
Family Name			
Given Names		Previous Name(s)	
Enrolment Number			
School/Research Centre Affiliation (if applicable)			
Degree	MPhil	PhD	Prof Doc PhD by Published Works
Title of Thesis			
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			
Date			
Name		Date	
Signature			
Director of Studies			
Name		Date	
Signature			
Head of School/Dept			
Name		Date	
Signature			

Section 5

Research Degrees Committee Approval

Chair of RDC			
Name		Date	
Signature			