APPLICATION FOR AN EXTENSION OF TIME IN WHICH TO COMPLETE A PROGRESSION REVIEW

SECTION 1 - To be completed by CANDIDATE

<table>
<thead>
<tr>
<th>Name:</th>
<th>Student No:</th>
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<tbody>
<tr>
<td>Degree:</td>
<td>Stage:</td>
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1. Current deadline for progression review:

2. Proposed new deadline for submission of progression review:
   (NB Extensions will normally be granted for short periods only)

5. Reasons for request (If late submission is due to illness medical evidence should be attached):

Signed __________________Date __________
(Candidate)

Signed __________________Date __________
(Main Supervisor)

Name: ________________________________

May 2004

Continued Overleaf
SECTION 2 - To be completed by Postgraduate Research Student Coordinator

Do you support this application?  YES ☐  NO ☐

Comments

Signed ________________________ Date ___________

(PgRSC)

Name:________________________________________

* YOU SHOULD NOW RETURN THIS FORM TO THE GRADUATE SCHOOL, FACULTY OF MEDICAL SCIENCES, FRAMLINGTON PLACE. *

Dean of Postgraduate Studies’ comments:  Approved / Not approved (please delete as appropriate)  Signed

(Dean of Postgraduate Studies)

Name:________________________________________

Date:________________________________________