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| **newcastle_master_blk** | **GENERAL CONCESSION APPLICATION****(MPhil and Doctoral Programmes)** |

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| **SECTION 1** - To be completed by **STUDENT** |
| **STUDENT DETAILS:** |
| Name of Student:Student Number: | University email address: @ncl.ac.uk*(The outcome of your application will be communicated to you via this email address)* |
| Name of Supervisor(s): | School / Institute: |
| Programme: | Stage: | Full Time 🞏Part Time 🞏Combined 🞏 |
| Sponsor: *(e.g. Research Council / Embassy / Other)* | Current Thesis Submission Date: |
| **CONCESSION REQUESTED** |
| *Please provide as full an explanation as possible of the reasons for your request.* **Details:***Continue on a separate sheet if necessary* |
| **EVIDENCE:** *(please tick and ensure that the evidence is submitted with your application. Note that applications submitted without any evidence will be unlikely to be successful)* |
| Medical Note 🞏 | Wellbeing Memo 🞏 | Other 🞏 |
| **Have you consulted your supervisor(s)?** | Yes 🞏 | No 🞏 |
| Signed: Date: |

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| **SECTION 2** - To be completed by the **ACADEMIC** **SUPERVISOR** |
| **Do you support this request?** | Yes 🞏 | No 🞏 |
| *Please provide a statement outlining the reasons for your decision:***Details:***Continue on a separate sheet if necessary* |
| Signed: Date: |
| **SECTION 3** - To be completed by the **HEAD OF SCHOOL or NOMINEE** |
| **Signature *(Head of School or Nominee)*:** |  |
| **Do you support this request?** | Yes 🞏 | No 🞏 |
| *Please provide additional comments if relevant:***Details:***Continue on a separate sheet if necessary* |
| Signed: Date: |

***STUDENTS IN THE FACULTIES OF HASS AND SAGE SHOULD RETURN THIS FORM TO: HaSS AND SAgE GRADUATE SCHOOL, LEVEL 6, THE HENRY DAYSH BUILDING***

***STUDENTS IN MEDICAL SCIENCES SHOULD RETURN THIS FORM TO:***

***MEDICAL SCIENCES GRADUATE SCHOOL, LEVEL 3, RIDLEY BUILDING 1***

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| **SECTION 4 –** To be completed by the **Dean of Postgraduate Studies** |
| **Do you support this request?** | Yes 🞏 | No 🞏 |
| **Reasons for Decision:** |
| Signed: Date: |

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| **GRADUATE SCHOOL PROCESSES** |
| **Action Taken:** | **Signature (Graduate School*)*:** | **Date:** |
| Student emailed decision (cc. supervisory team; PGR support secretary, Finance Office, Sponsors and Student Data where appropriate) | 🞏 |  |  |
| Student Record updated (where appropriate) | 🞏 |  |  |