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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) | 🞏 |  |  |