**Research Degree Programmes Exception Request: Registration and Thesis Submission**

All theses should be submitted by the maximum period of study for the Research Degree Programme, as outlined in regulation 4 of the [Study Regulations for Research Degree Programmes](http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/StudyRegulations/StudyRegulationsforResearchDegreeProgrammes/). Complete this form to request an extended submission date, providing evidence of exceptional circumstances.

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| **Student and Programme Details** |
| School:  |  |
| Degree Programme: |  |
| Student Name:  |  |
| Student Number: |  |
| **Student Record Information** |
| First Date of Registration: |  |
| End of Maximum Registration Period: |  |
| Periods of Temporary Withdrawal: |  |
| Check box to confirm student has availed of the initial COVID-19 3 month FT (or 6 months PT) Fee Free Period (FFP1) Extension\* [ ]  |
| Has the student been granted a previous concessions to extend their registration period (other than the COVID FFP1 above)?  | Yes [ ]  | No [ ]  |
| If yes, please state the length of the concession granted:   |
| **Concession Request** |
| **To be completed by the student:** |
| Length of Extension Required: |  |
| Does the above extension period include a [COVID-19 FFP2 extension](https://www.qub.ac.uk/graduate-school/information/Weekly-update/PGR-covid-support-structure/)\*? | Yes [ ] (If yes, evidence of COVID-19 impact must be referenced) | No [ ]  |
| Proposed Submission Date: |  |
| Registration Status Beyond Maximum Period: | Full-time [ ]  | Part-time [ ]  |
| Outline the reasons relating to your request. (*Note that an extension to your period of study/submission deadline is considered as an exemption to the University’s academic regulations. As such, these requests can only be considered where exceptional circumstances are presented.)*  |
| ***Please note that, if this request is approved, students will remain liable for all fees accumulated during the extended registration period (with the exception of an additional 3 month FT (or 6 month PT) fee-free period (FFP2) for eligible students impacted by COVID-19).*** |
| ***This form will be shared with the School, Academic Affairs, and the Vice Chancellor’s Office (or nominee) in processing the request.*** |
| Student’s Signature: |  | Date: |  |
| *Note for students: Please submit this form to your School for completion.*  |
| **To be completed by the principal supervisor:** |
| Recommendation by Supervisory Team: |
| Check box to confirm student has updated their research plan for the duration of the proposed extension period [ ]  |
| Principal Supervisor’s Signature: |  | Date: |  |
| **Endorsement** |
| Endorsed Submission Date: |  |
| Endorsed by Chair of School Postgraduate Research Committee (or nominee of Head of School)Signature: Date:Check box to confirm that School has received & reviewed evidence of exceptional circumstances ☐ |
| *Note for Schools: Please return this form to Academic Affairs (**qar@qub.ac.uk**) for the consideration of the University’s Education Committee (Quality and Standards).* |