**Application for Extension to Thesis Submission,**

**Corrections or Thesis Resubmission Date**

Please ensure your application is submitted **at least three months prior** to your submission and no later than six weeks in advance of your expected submission date. Further information is available in the [**PGR Code of Practice**](https://www.gla.ac.uk/research/ourresearchenvironment/prs/pgrcodeofpractice/) Section 10.24 Extensions to submission deadlines and the [**Postgraduate Research Handbook**](https://www.gla.ac.uk/colleges/socialsciences/graduateschool/studentsandstaff/postgraduateresearchhandbook/#extensiontothesissubmissiondeadline).

For an extension to the first submission, the application will be reviewed by the Dean of Graduate Studies.

For an extension to corrections or a resubmission, the application will be reviewed by the Convener of the Committee of Examiners.

This form should be completed in full, signed by student, supervisor and School PGR Director then returned by email with supporting documents to the [**Graduate School**](mailto:gradschool.socsci@glasgow.ac.uk)

All forms must be accompanied with a [**Completion Plan**](https://www.gla.ac.uk/media/media_516409_en.docx). Please note that we are happy to accept e-signatures on this application. Regretfully we are unable to progress your form until it has been fully completed.

**Please note**: applications should be submitted 3 months in advance of the submission date and **no later than 6 weeks** prior to the expected submission date. Applications received later than 6 weeks prior to submission will incur a late [**fee**](https://www.gla.ac.uk/postgraduate/research/fees/).

**Student Details**

Student Name:

Student ID:

Tier 4 Visa Holder: Yes  No

Tier 4 Visa expiry date:

Registration Status: Full Time  Part Time  Thesis Pending

Principal Supervisor:

Second Supervisor(s):

**Funding Details**

Please indicate student funder (including previous Scholarships):

***Self Funding***

***School Scholarship***

***ESRC***

***Other – please specify below***

If you hold a Scholarship, please give details of contact to be notified of extension:

**Name:**

**Email Address:**

**Telephone Number:**

**Extension Details**

Please indicate one of the following:

First Submission

Corrections Submission:

Resubmission:

**Current expected submission date:**

*(This date should be your current official end date as stated on MyCampus, please do not include any discretionary extensions)*

**Extension Details - length of extension requested:**

*(Please be realistic about the additional time requested as a further extension will not be approved unless there is a change in your circumstances)*

**Supporting Documents:**

I will continue to work on my thesis during the period of extension: Yes  No

Time bound Thesis [**Completion Plan**](https://www.gla.ac.uk/media/media_516409_en.docx) ***must be provided with all extension applications***

Medical Evidence

Other (please specify)

**Reason for Extension:**

*Please provide further details of extension request*

**Student Declaration**

*I attach an updated thesis pending plan and confirm that I will maintain monthly contact with my Supervisor throughout the period of extension. I understand that no further extension will be granted unless there is a change in my circumstances.*

**Student Name:**

**Signature:**

**Date:**

**Supervisor Statement & Declaration**

Please provide a statement in relation to this application:

*I confirm that I approve the application and I agree that the thesis completion plan is achievable.*

**Supervisor Name:**

**Signature:**

**Date:**

**PGR Director Comments & Declaration**

Please provide any comments you wish to include in support of this application

*I confirm that I approve the application and I agree that the thesis completion plan is achievable.*

**PGR Director Name:**

**Signature:**

**Date:**

**Dean of Graduate Studies Review & Comments**  **For Graduate School Only**

**Approval granted** Yes  No

**Comments:**

**Date:**