

Application for Extension to Studies

Postgraduate Taught Students

For guidance on completing this form, and sources of further information: Students: www.sheffield.ac.uk/ssid/change-of-status/extension Staff: www.sheffield.ac.uk/sss/sas/rsr/cos/extension

Student Details	You should visit/contact your department for advice before completing this form		
Registration Number Please enter all 9 digits	Are you studying in the UK with a visa? Yes	No)
Family Name Please print	First Name(s)		
Application for Ext	ension to studies Er	ter dates as	DD/MM/YY
Current expected compl	etion date:		/
End date of extension. Ext	ensions are for whole months and no refunds are given if a student finishes earlier than expected	/	/
Please give reasons for	the non-completion of the dissertation/project (Please continue on additional sheets if necessar	y)	·
Notes: (attach additio	nal sheets or documents if necessary)		
Give brief details of the	outstanding work required to complete the dissertation/project (Please continue on additional	sheets if r	ecessary)
Notes: (attach additio	nal sheets or documents if necessary)		
Please indicate the time	scale of work required to complete the dissertation/project (Please continue on additional shee	ts if nece	ssary)
Non-UK/EU/EEA citize Module	ens: If extension is for completion of dissertation/project please supply the following information Original start date of / Original submission date of	n: /	1
code	dissertation/project / dissertation/project	/	
-level students in the Fac	ılties of Science or Engineering:		
	ATAS (Academic Technology Approval Scheme)? Yes Iths in total will require ATAS approval. This must be applied for prior to the extension to study	No	
	application must be attached to this form. Is ATAS proof of application attached? Yes	No	
Student Signature			
Signature	Date	/	/
	r email! You will receive confirmation of the extension sent to your University email account if i y your Continuation Fee. Unpaid Continuation Fees may prevent you from graduating.	t is appro	/ed.
Academic Departm	ent Signatures Department staff to complete		
	een checked for accuracy, and approved in line with any relevant General and Programm	e Regula	tions,
and attendance monit	coring will be undertaken for this student DEPARTMENTAL APPROVAL Date	/	/
ACADEMIC ADVISER	Date / HOME DEPARTMENT NAME		
Notes: (attach additio	nal sheets or write notes below if necessary)		
Notes: (attach additio	nal sheets or documents if necessary)		
•	leted form to sas.cos@sheffield.ac.uk. PLEASE NOTE: you must insert a subject for the e		
iollowing format to av	oid delays in processing: XXXCOS (where XXX is your department code, eg. MAS, ACS,	AGE, DEI	N).
Student Support S	ervices Staff to complete		
ISS Team	Date /		
Faculty Approval	Date / /		
	Dute		
Record updated	Date Record checked ATAS approved	d	