



The University  
Of Sheffield.

# Application for Extension to Time Limit

Postgraduate Research Students

For guidance on completing this form, please see:

[www.shef.ac.uk/rs/code/timelimits](http://www.shef.ac.uk/rs/code/timelimits)

## SECTION 1: TO BE COMPLETED BY THE STUDENT

Family Name				First Name	
Registration Number				Department	
Mode of attendance (e.g. FT, PT, Remote Location)				Staff Candidate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Time Limit (this is the date your extension will start)	DD	MM	YYYY	Number of Months' Extension Requested	

**CORONAVIRUS:** Is this extension request caused as a result of the Coronavirus outbreak (COVID-19)? Note: if 'yes' you may wish to also consider submitting a [Covid Impact Form](http://www.sheffield.ac.uk/rs/code/submission) ([www.sheffield.ac.uk/rs/code/submission](http://www.sheffield.ac.uk/rs/code/submission))

Yes  No

Please state why you have not completed the thesis within your current time limit:

Please state how much of your thesis is currently completed and how much additional work still needs to be done prior to submission: - e.g. 80% completed, 20% not yet completed

Using the template below, please provide a detailed work plan for completing your thesis within the requested extension period: - *applications that do not include this detail will not be approved*

Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
e.g. completion of results chapter												
e.g. incorporating supervisor feedback												

Student signature:

Date:

Confirmation of the outcome of your time limit extension request will be sent to your University email account

**SECTION 2: TO BE COMPLETED BY THE ACADEMIC DEPARTMENT**

Is the student's assessment of the amount of work still to be completed, and the revised timescale for completion, accurate/achievable? – *If not, provide details below*  Yes  No

Do you support the student's application for an extension to their time limit? – *please bear in mind the impact of extensions on departmental submission rates*  Yes  No

Supervisor's statement (compulsory): *please use this space to add further information*

**This application has been considered by the Department and the above information is accurate**

Supervisor Name:

Signature:

Date:

HoD/PGR Lead Name:

Signature:

Date:

Completed forms should be sent to your **Departmental PGR Administrator** who will forward them to RS. Departmental PGR Administrators: Please return this completed form to one of the following email addresses: Arts & Humanities - [pgrarts@sheffield.ac.uk](mailto:pgrarts@sheffield.ac.uk); Engineering - [pgreng@sheffield.ac.uk](mailto:pgreng@sheffield.ac.uk); Medicine, Dentistry & Health - [pgrmdh@sheffield.ac.uk](mailto:pgrmdh@sheffield.ac.uk); Science - [pgrsci@sheffield.ac.uk](mailto:pgrsci@sheffield.ac.uk); Social Sciences - [pgrsocsci@sheffield.ac.uk](mailto:pgrsocsci@sheffield.ac.uk)

**SECTION 3: TO BE COMPLETED BY INTERNATIONAL STUDENT SUPPORT FOR APPLICATIONS BY OVERSEAS STUDENTS ONLY**

Is a new ATAS application required?  Yes  No

If Yes: Is ATAS required immediately?

Or, as part of a new Tier 4 visa application?

**SECTION 4: TO BE COMPLETED BY RESEARCH SERVICES**

Most recent CAS course end-date (DDMMYY)		Number of months LOA or Extension previously approved	LOA <input type="checkbox"/>	Ext <input type="checkbox"/>
--	--	---	---------------------------------	---------------------------------

Is this extension request approved by the Faculty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a final extension? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, student must submit by the new time limit or will be deemed withdrawn
---	--

Notes: please record any amendments or notes concerning this application. If an extension is not approved a reason must be provided.

**Signed on behalf of the Faculty by:**

Name:

Signature:

Date:

Revised time limit for submitting the thesis:

DD

MM

YYYY

Fees payable for this extension: