

Exceptional Circumstances Extension Request

Extensions are usually permitted up to a maximum of one year for both full-time and part-time students. The request must be made in multiples of 3 months (minimum 3 months, maximum 12 months) and approved by both the supervisor and the Director of Doctoral Studies. If you have already had the maximum permitted amount of extension and due to exceptional circumstances require a further period of extension, you must fill out this form for approval by the Dean of the Doctoral School.

Please note, if you are in receipt of a United States Federal Direct Loan, this request may have an impact on your funds. Please seek advice from the Financial Aid Office before proceeding (usfinancialaid@sussex.ac.uk)

Please provide a detailed timeline and plan for the period to submission along with this request form

Requests will not be considered without this supporting document.

SECTION A – To be completed by the student

Name	:	Reg. No.	:
Degree Programme	:	School	:
Correspondence Address (PLEASE TYPE OR PRINT CLEARLY)	:		
Previous Extension Granted	:		
Are you an overseas student on a course requiring ATAS clearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Length of extension requested:

- 3 months
 6 months
 9 months
 12 months

Reason for requesting an exceptional extension to your maximum date of registration

Please check one box: (please note if a box is not checked, this request cannot be approved)	<input type="checkbox"/> I am in receipt of, or have been in receipt of, a United States Federal Direct Loan during my PhD/MPhil <input type="checkbox"/> I am not in receipt of, and have not been in receipt of a United States Federal Direct Loan during my PhD/MPhil
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Signed	:	Date	:
	<i>(Student)</i>		

Please attach a detailed time-line to submission with this form.

SECTION B – To be completed by the supervisor

<p>Please provide a statement in support of the student's exceptional extension application, including:</p> <ul style="list-style-type: none"> • A detailed rationale as to why the school feels an exceptional case should be put forward. • Confirmation that discussions have taken place between supervisors and the DDS regarding the academic and pastoral support of the student. Please attach evidence or summarise discussions that taken place. • Note the measures that will be in place to prevent the reoccurrence of previous issues.

I confirm that I have considered the reason for this extension and I recommend the extension for the reasons stated above:

Signed	:	Date	:
	<i>(Main Supervisor)</i>		

Please send all forms, once signed by your supervisor, to your school REC (Research and Enterprise Co-ordinator) who will acquire the DDS signature and forward this form to the Student Records Team.

SECTION C – To be completed by the Director of Doctoral Studies

In addition to the Supervisor comments above, please provide a statement to support the student's exceptional extension application and to confirm DDS involvement in the School's plan of academic and pastoral support:

I Approve the student's extension of registration as follows:

- 3 months 6 months 9 months 12 months
 Full-time Part-time Pre-submission status

I confirm that I have considered the reason for this extension and I recommend the extension for the period stated above:

Signed	:		Date	:	
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(Director of Doctoral Studies or MAH Associate Dean for Doctoral Studies)

Once completed, please could the REC return this form to the Student Records Team