**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.

|  |
| --- |
| **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 COVID-19 3 month FT (or 6 months PT) Fee Free Period (FFP) Extension [ ]  |
| Has the student been granted a previous concessions to extend their registration period (other than the COVID FFP 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: |  |
| Proposed Submission Date: |  |
| Registration Status Beyond Maximum Period: | Full-time [ ]  | Part-time [ ]  |
| Outline the impact of COVID-19 on your research (e.g. access to laboratory, undertaking research or fieldwork, access to Library or computing facilities, change in childcare or health). Please indicate if or how these have been resolved or have changed. |
| Outline any further exceptional circumstances (required if asking for an extension longer than 3 months FT / 6 months PT): |
| ***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 for 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: |  |
| **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 ☐ |

*Please return this form to Academic Affairs (**qar@qub.ac.uk**) for the consideration of the University’s Research and Postgraduate Committee.*