**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.

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| **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 initial COVID-19 3 month FT (or 6 months PT) Fee Free Period (FFP1) Extension\* | | | | | | | | | | | |
| Has the student been granted a previous concessions to extend their registration period (other than the COVID FFP1 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: | | | | |  | | | | | | |
| Does the above extension period include a [COVID-19 FFP2 extension](https://www.qub.ac.uk/graduate-school/information/Weekly-update/PGR-covid-support-structure/)\*? | | | | | Yes  (If yes, evidence of COVID-19 impact must be referenced) | | | | No | | |
| Proposed Submission Date: | | | | |  | | | | | | |
| Registration Status Beyond  Maximum Period: | | | | | Full-time | Part-time | | | | | |
| Outline the exceptional circumstances relating to your request: | | | | | | | | | | | |
| ***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 (FFP2)\* for students impacted by COVID-19).***  ***\*Available to students who were registered at any point in 2019-20 (excluding new students starting a research degree programme after 23 March 2020).*** | | | | | | | | | | | |
| ***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: | | |  | |
| *Note for students: Please submit this form to your School for completion.* | | | | | | | | | | | |
| **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 ☐ | | | | | | | | | | | |
| *Note for Schools: Please return this form to Academic Affairs (*[*qar@qub.ac.uk*](mailto:qar@qub.ac.uk)*) for the consideration of the University’s Education Committee (Quality and Standards).* | | | | | | | | | | | |