

Exceptional Circumstances Extension Request

SECTION C To be completed by the Director of Doctoral Studies

| exception | | | mments above, pleas on and to confirm DD | | | | | | |
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| i Approv | e the student's ex | ctensic | on of registration as f | Ollows | | | | | |
| | 3 months | | 6 months | | 9 months | | | 12 months | |
| | Full-time | | Part-time | | Pre-submiss | sion status | ; | | |
| I confirm above: | that I have consid | lered t | he reason for this ex | rtensioi | n and I recomi | mend the | exte | ension for the period | stated |
| Signed | : | | | | | Date | : | | |