**Request to the Research Degrees Sub-Committee**

**Suspension / Extension**

**PART 1 TO BE COMPLETED BY THE STUDENT**

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| **1.1 Personal details** |
| Name |  |
| Student ID |  |
| Telephone number |  |
| Student email |  |
| If applicable please indicate whether you are a GTA, bursary, or fees only bursary student  |
|  |
| If you are Leeds Beckett staff, please indicate whether you are permanent, temporary, part time hourly paid or other (please specify) |
|  |

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| **1.2 Type of request (delete as appropriate)** |
| Suspension of studies  | Extension to registration period |
| Extension to document submission  | Extension to Confirmation of Registration |

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| **1.3 Evidence included to support request**  |
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| * 1. **Relevant dates the suspension / extension applies to**
 |
| From: |  | To: |  |

|  |
| --- |
| **1.5 Please indicate the reason(s) below for requesting a suspension / extension**  |
| Health reason |  |
| Financial reason |  |
| Employment |  |
| Job loss |  |
| Job re-location |  |
| Re-location (moving home) |  |
| Maternity / paternity leave |  |
| Family commitments |  |
| Bereavement |  |
| Other reason (please specify) |  |

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| * 1. **Rationale for the request and timeline of studies**
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| **Declaration***I confirm that the information provided is a true and accurate account of my circumstances and has been discussed with my Director of Studies* |
| Signature | Date |

**PART 2 TO BE COMPLETED BY THE DIRECTOR OF STUDIES**

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| **2.1 Has the student discussed this request with you?**  | Yes / No |
| **2.2 Do you support the application?**  | Yes / No |
| **2.3 Statement** |
|  |
| Signature | Date |

**PART 3 TO BE COMPLETED BY THE GRADUATE SCHOOL**

|  |  |
| --- | --- |
| Start date |  |
| End date |  |
| Award |  |
| Year of study |  |
| Mode of study |  |
| Location of study |  |
| Previous approved suspensions / extensions |  |
| Supervisory team |  |