



Exceptional Circumstances Extension Request

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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