# WM Pan Blk UApplication for an Extension to Maximum Period of Study (Undergraduate)

**Registry, Academic Services**

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| **PART A: To be completed by the student** (insert your ID No. and name on each page of this form) |
| **Surname (Family Name)** |
| **Forename(s)** | **Title**Dr, Mr, Ms, Mrs | **Student ID Number** |
| **School/Department** |
| **Programme of Study**  | **Date of entry into this programme of study**DD/MM/YYYY |
| 1. **Have you had a previous extension?** Yes No

If yes, please give details, including dates and brief reasons (i.e. medical, financial, etc) |
| 1. **Length of Extension requested**

From (Date of Expiry of Maximum Period of Study): To (Requested New Completion Date): |
| 1. **Reasons for requesting an extension**

Medical Financial Compassionate/bereavementCompetitive Sports Personal Major unforeseen disruption Other (state reason) ………………………………………………… |
| 1. **Please state why you have not been able to complete within the maximum period of study for your programme of study (max 500 words):**

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| 1. **Extension requests not submitted before the expiry of the maximum period of study**

Extension requests should normally be submitted at least two months before the expiry of the maximum period of study (see section 6 of the Code of Practice on Procedures for Extensions to Study Periods). Please provide an explanation as to why the extension was not submitted at the appropriate time. |
| 1. **Supporting evidence attached (e.g. medical certificate, financial evidence)?**

Yes NoYou should be aware that these documents may be made available to the University’s Progress and Awards Board.If you are unable to provide supporting evidence, please explain why: |
| 1. **Please provide a detailed Work Plan outlining the below:**
* Details of modules still to be completed with submission/assessment dates
* Details of any re-submission/re-assessment dates

For more substantial pieces of work (e.g. Dissertation or Project):* Details of work already completed
* Details of the work still to be completed
* Timeline for completion and date for final submission

Work Plan attached **Requests will not be considered without a Work Plan****(**Please tick to confirm that you have attached your work plan) |
| 1. **International students and student route visa holders**

Do you currently hold a visa valid for study in the UK?Yes No If yes, please indicate the type of visa you hold (i.e. student route (previously Tier 4), Dependant): …………………………..Visa Expiry Date: DD/MM/YYYYDo you currently hold Indefinite Leave to Remain or Refugee status?Yes No  Please attach a photocopy of your current passport photo page and visa. If you extended your visa in the UK you will have a pink Biometric Residence Permit – please submit a copy of both sides of this card. Your extension request will not be processed unless these supporting documents are received.Passport copy attachedVisa/Biometric Residence Permit copy attachedAre you currently in the UK?Yes No **Are you planning to remain in the UK during your requested extension?**Yes No  |
| 1. Do you live in University owned accommodation

Yes No  |
| 1. **Contact address**

It is your responsibility to ensure that you keep the University updated with your address details and you can update these at any time via the on line registration facility at [www.my.bham.ac.uk](http://www.my.bham.ac.uk). Please confirm where you are currently residing (address, post code, telephone number): From (date) To (date) |
| 1. **E-mail address**

Please confirm the e-mail address you wish the outcome of your request to be sent to:  |
| **Signed:** | **Date:** |

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| **PART B: To be completed by the Authorised Signatory for extension requests (e.g. Programme Director)** |
| 1. I do/do not\* support this request (\*Delete as appropriate).

Please give your rationale for your response (whether supporting the student’s request or not). **Requests will be returned if this information is not included.**  |
| 1. **Is evidence to support this request attached?**

Yes No If you are supporting the application without evidence, please state the reasons for this below. |
| 1. **Please comment on the Work Plan**, i.e. whether you feel completion of the programme is achievable within the time requested. Where you consider that the timeframe requested has been over or under estimated, please provide a revised date and indicate your reasons for this.
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| Signature: Date: Name (Block capitals):Position (Block capitals): |