# 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/bereavement  Competitive 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):** | | | |
| 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 No  You 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/YYYY  Do 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 attached  Visa/Biometric Residence Permit copy attached  Are 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. |
| Signature: Date:  Name (Block capitals):  Position (Block capitals): |