**Research Degree Programmes Exception Request: Registration and Research Degree Submission**

All research degree submissions should be submitted by the maximum period of study for the Research Degree Programme, as outlined in regulation 4 of the [Study Regulations for Research Degree Programmes](http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/StudyRegulations/StudyRegulationsforResearchDegreeProgrammes/). Complete this form to request an extended submission date, providing evidence of exceptional circumstances.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student and Programme Details** | | | | | | | | | | |
| School: | |  | | | | | | | | |
| Degree Programme: | |  | | | | | | | | |
| Student Name: | |  | | | | | | | | |
| Student Number: | |  | | | | | | | | |
| **Student Record Information** | | | | | | | | | | |
| First Date of Registration: | | | | |  | | | | | |
| End of Maximum Registration Period: | | | | |  | | | | | |
| Periods of Temporary Withdrawal: | | | | |  | | | | | |
| Check box to advise if the student has availed of the initial COVID-19 3-month FT (or 6-month PT) Fee Free Period (FFP1) Extension\* | | | | | | | | | | |
| Has the student been granted a previous concession to extend their registration period (other than the COVID FFP1 above)? | | | | | Yes | No | | | | |
| If yes, please state the length of the concession granted: | | | | | |
| **Concession Request** | | | | | | | | | | |
| **To be completed by the student:** | | | | | | | | | | |
| Length of Extension Required: | | | | |  | | | | | |
| Does the above extension period include a COVID-19 FFP2 extension\*? | | | | | Yes  (If yes, evidence of COVID-19 impact must be referenced in the supporting statement) | | | | No | |
| Proposed New Submission Date: | | | | |  | | | | | |
| Registration Status Beyond  Maximum Period: | | | | | Full-time | Part-time | | | | Writing-up (formerly ‘Thesis Only’ |
| Outline the reasons relating to your request. (*Note that an extension to your period of study/submission deadline is considered as an exemption to the University’s academic regulations. As such, these requests can only be considered where exceptional circumstances are presented.)* | | | | | | | | | | |
| Explain how you intend to meet your requested deadline for submission. This should include a provisional timeline with pre-submission milestones, e.g. anticipated date of completion of the QSIS Notice of Intention to Submit form, predicted date(s) of any final meeting(s) and/or review(s) with your supervisory team, and the expected date of your final submission for examination. | | | | | | | | | | |
| ***Please note that, if this request is approved, students will remain liable for all fees accumulated during the extended registration period (with the exception of an additional 3-month FT (or 6-month PT) fee-free period (FFP2) for eligible students impacted by COVID-19).*** | | | | | | | | | | |
| ***\* Eligibility for the COVID-19 Fee Free Periods (FFP) is as follows:***   * ***PGR students who were first registered on or before 23 March 2020 and registered as active in 2019-20 are eligible for both FFP1 and FFP2.*** * ***PGR students who were first registered after 23 March 2020 up to and including 31 August 2021.*** | | | | | | | | | | |
| ***This form will be shared with the School, the Quality Assurance and Regulations Team in Academic Affairs, and the Chair of Education Committee (Quality and Standards) (or nominee) in processing the request.*** | | | | | | | | | | |
| Student’s Signature: |  | | | | | | Date: | | |  |
| *Note for students: Please submit this form to your School for completion.* | | | | | | | | | | |
| **To be completed by the principal supervisor:** | | | | | | | | | | |
| Recommendation by Supervisory Team: | | | | | | | | | | |
| **Important: Please attach a copy of the student’s updated research plan which has been approved by the Supervisory Team.** | | | | | | | | | | |
| Principal Supervisor’s Signature: | | | |  | | | | Date: | |  |
| **Endorsement** | | | | | | | | | | |
| Endorsed Submission Date: | | |  | | | | | | | |
| Endorsed by Chair of School Postgraduate Research Committee (or nominee of Head of School)  Signature: Date:  Check box to confirm that School has received and reviewed evidence of exceptional circumstances ☐ | | | | | | | | | | |
| *Note for Schools: Please return this form along with the student’s updated research plan to the Quality Assurance and Regulations Team, Academic Affairs (*[*qar@qub.ac.uk*](mailto:qar@qub.ac.uk)*) for the consideration of the University’s Education Committee (Quality and Standards).* | | | | | | | | | | |

October 2024