**APPLICATION FOR EXTENSION OF TIME FOR**

**COMPLETION OF MINOR OR MAJOR CORRECTIONS**

**(D.Phil, M.Litt. and M.St. by Research)**

***Staff notice:*** *This form contains personal data and may contain sensitive information. Please ensure that downloaded or printed copies are stored securely. Please retain information only for as long as you need it and then dispose of it confidentially. Further advice about handling student data can be found here: (*[*https://academic.admin.ox.ac.uk/student-data*](https://academic.admin.ox.ac.uk/student-data)*).*

**Minor Corrections**: candidates may apply for one extension of **one month** in which to complete corrections.

**Major Corrections**: candidates may apply for one extension of **three months** in which to complete corrections.

For full details of the provisions governing minor and major corrections, please consult the *Examination Regulations* ([http:/www.admin.ox.ac.uk/examregs/](http://www.admin.ox.ac.uk/examregs/)).

Once completed please return to the relevant Graduate Studies Assistant (<http://www.ox.ac.uk/students/academic/guidance/graduate/contacts/>).

**SECTION 1 –** Declaration of consent *(to be signed by the student)*

|  |  |  |
| --- | --- | --- |
| I understand that the information and any materials that I supply in support of this application will be processed by the University in accordance with the Student Privacy Policy <https://compliance.admin.ox.ac.uk/student-privacy-policy>. I consent to my information being used for the purposes of this application. | | |
| **I consent to disclosure within the above limits** | | ❑   **Yes**           ❑   **No** |
| **Signature of Student:** |  | |

**SECTION 2 –** to be completed by the student. Please use **BLOCK CAPITALS** (unless typed)**.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | | |  | | | | | | Title (Mr/Mrs/Miss/Ms/etc.): | | |  |
| First name (in full): | | |  | | | | | | Student Number: | | |  |
| Address for communication: | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| Telephone Number: | |  | | | | | | Email: |  | | | |
| College: | |  | | | | | | Department: |  | | | |
| Programme of study: | | | |  | | | | | | | | |
| Date of Application: | | | | | | / / | | Date Corrections Received: | | | / / | |
| Type of Correction: | | | | | | ❑ | Minor (1 Month) | | | ❑ | Major (3 Months) | |
| Title of Thesis | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| Reason for request (Outline the reasons why you require additional time in which to complete your minor/major corrections): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Tier 4 student visa holders**: If you need to extend your visa as a result of this request for extra time and need visa advice, please contact [tier4compliance@admin.ox.ac.uk](mailto:tier4compliance@admin.ox.ac.uk) and/or the Student Visa Advisers at [student.immigration@admin.ox.ac.uk](mailto:student.immigration@admin.ox.ac.uk). For information about extending your visa, please see [https://www.ox.ac.uk/students/visa/during/extend](https://www.ox.ac.uk/students/visa/during/extend?wssl=1). | | | | | | | | | | | | |
| ❑ | I am an international student and I understand that it is my responsibility to extend my visa, if required. | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | Date: |  |

**SECTION 3** – to be completed by the supervisor

|  |  |  |  |
| --- | --- | --- | --- |
| Comments: |  | | |
|  | | | |
| Signature: |  | Date: |  |
| Full name: |  | | |

**SECTION 4** – to be completed by the college’s Tutor for Graduates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the college support the application: | | | ❑ Yes ❑ No | |
| Comments on behalf of the college: | | | | |
|  | | | | |
| Signature: |  | | Date: |  |
| Full name: |  | | | |
| Position (if not Tutor for Graduates): | |  | | |
| College stamp: |  | | | |

**SECTION 5** – to be completed by the Director of Graduate Studies (or equivalent)

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that this application has the approval of the candidate’s department | | | ❑ **Yes** ❑ **No** |
| Signature of DGS: |  | Date: |  |
| Full name: |  | | |

GSO.18. (1) Updated Feb 2020 TQ