

**APPLICATION FOR EXTENSION OF TIME**

**(for Software Engineering and Mathematical Finance students only)**

For full details of the provisions governing extension of student status for your programme, please consult the department handbook or contact your departmental administrator for advice.

This form together with any supporting documentation required, should be sent to your departmental administrator.

**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.

After your application has been completed, the paperwork will be retained for 6 years after the end of your student relationship as part of your student record. Information on how the University handles student data can be found at <https://www.admin.ox.ac.uk/councilsec/compliance/gdpr/privacynotices/student/>

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| --- | --- |
| **I consent to disclosure within the above limits** |                       ❑   **Yes**           ❑   **No** |
| **Signature of Student:** |  |
|  |  |  |

*You may refuse or withdraw your consent at any time. However, please note that if you withdraw consent before a decision has been taken on your application, you should be aware that the processing of your application will cease with immediate effect. Further information on your rights in relation to your data be found at* [*https://www.admin.ox.ac.uk/councilsec/compliance/gdpr/individualrights/*](https://www.admin.ox.ac.uk/councilsec/compliance/gdpr/individualrights/)

**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: |  |
| Degree Subject: |  | Degree Type: |  |
| College: |  | Department: |  |
| Date of application: |  | Term thesis due: |  |
| Email Address: |  |
| Title of thesis: (**BLOCK CAPITALS** unless typed): |
|  |
| Number of terms’ extension required[[1]](#footnote-1): |   | Number of terms previously granted: |  |
| Terms to be included in extension period: |  |
| **International students**: If the period you are applying for an extension of student status is beyond the expiry date of your current student visa, you will also need to apply for a visa extension. Please tick the appropriate box: |
| ❑❑ | My extension of student status will be covered by my existing visaMy extension of status will require a visa extension and I will seek advice from the Student Information & Advisory Service (student.immigration@admin.ox.ac.uk) about obtaining an extension under the new Points Based System of immigration introduced in April 2009 |
| **Reason for the request** *Please outline how much of your thesis has been completed, provide a timetable (including the expected submission date) with detailed plans for submission and reason for delay: (please continue on separate sheet if necessary)* |
|  |
| Signature: |  | Date: |  |

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

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| **Supervisor remarks:** *(Extensions should normally be applied for and approved one term at a time. Please state whether this application has your support and, in particular, for cases where more than one term of extension is requested at one time, please indicate the reasons for this. Please continue on a separate sheet if necessary)* |
|  |
| Signature: |  | Date: |  |
| Full name: |  |

**SECTION 3** – to be completed by the college’s Tutor for Graduates

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

**SECTION 4** – to be completed by the Director of Graduate Studies (or equivalent)

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

**Staff Usage**

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>).

GSO.15 Revised: January 2020

1. [↑](#footnote-ref-1)