



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN**

**APPLICATION FOR EXTENSION OF TIME LIMIT FOR SUBMISSION OF
RESEARCH PAPERS/THESES**

TO: Senior Assistant Registrar, School for Graduate Studies & Research

DATE: _____

FROM: _____
Name of Student (Please Print) Student ID Number

PROGRAMME: _____

FACULTY: _____

I hereby apply for an extension of the time permitted to submit my:
(Please tick appropriate box)

MSC/MA/MED/MSW/LLM Research paper M.Phil Thesis PhD Thesis

ORIGINAL DATE FOR SUBMISSION: _____

LENGTH OF EXTENSION REQUIRED: _____

REASON(S) FOR REQUEST: _____

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Signature of Student

