



**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: \_\_\_\_\_

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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

