



THE UNIVERSITY OF THE WEST INDIES

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THE SCHOOL FOR GRADUATE STUDIES AND RESEARCH

APPLICATION FOR EXTENSION OF TIME LIMIT

FOR SUBMISSION OF RESEARCH PAPERS/THESES

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

DATE:

FROM:

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/DBA Thesis/DM Paper

ORIGINAL DATE FOR SUBMISSION:

LENGTH OF EXTENSION REQUIRED:

REASON(S) FOR REQUEST:

Signature of Student

OFFICIAL USE ONLY

To be completed by School for Graduate Studies and Research

Details of any Previous Extension(s):

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To be completed by Supervisor and forwarded to the Head of Department/Graduate Coordinator

Work to be completed:

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Recommendations of Supervisor:

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New submission date recommended:

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Signature of Supervisor

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Date:

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Recommendation of Head of Department/Graduate Coordinator:

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Signature of Head of
Department/Graduate
Coordinator

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Date:

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