

## 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 (Please tick appre	r an extension of the time permitted to submit my: opriate box)	
MSC/MA/ME	D/MSW/LLM Research paper M.Phil Thesis	PhD Thesis
ORIGINAL DATE	FOR SUBMISSION:	
LENGTH OF EXT	ENSION 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): To be completed by Supervisor and forwarded to the Head of Department/Graduate Coordinator Work to be completed: \_\_\_\_\_ Recommendations of Supervisor: New submission date recommended: ..... Signature of Supervisor Date Recommendation of Head of Department/Graduate Coordinator: Signature of Head of Department/Graduate Coordinator Date