

Exceptional Circumstances Extension Request

SECTION C To be completed by the Director of Doctoral Studies

exception			mments above, pleas on and to confirm DD						
1.00000	11 11 - 12 - 12								
i Approv	e the student's ex	ctensic	on of registration as f	Ollows					
	3 months		6 months		9 months			12 months	
	Full-time		Part-time		Pre-submiss	sion status	;		
I confirm above:	that I have consid	lered t	he reason for this ex	rtensioi	n and I recomi	mend the	exte	ension for the period	stated
Signed	:					Date	:		