**STUDENT EXTENSION/OFF-BOOKS REQUEST FORM**

**Research Students**

This form should be returned to the Director of Postgraduate Teaching & Learning Office.

Please email to Kissila Moreira De Assis at GRADAPPS@TCD.IE and Annemarie Bennett at annemarie.bennett@tcd.ie

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| **PART A: FOR COMPLETION BY THE STUDENT** |
| **Privacy Statement**: This form together with all supporting documentation are submitted on the understanding that the data contained therein are used solely for the purposes of the consideration of the postgraduate student’s request for an extension. This information may be sent by the Office of Postgraduate Teaching & Learning, Head of School, Academic Registry, and/or Dean of GSO for the purpose of seeking advice and approval. Further details on the data protection regulations pertaining to these materials can be found at <http://www.tcd.ie/privacy/>. You are asked to read these carefully and indicate your consent below to the submission of all documentation relevant to your appeal subject to these regulations. |
| **Student Signature** |  |
| **Date** |  |
| **Can you confirm if your Supervisor has completed Supervisor Support Form\*** | Yes 🞎No 🞎 |
| **\*Note if your Supervisor has *not* submitted the** **Supervisor Support form this extension request form cannot be processed. In this case please direct them to the following link for form.**  | https://tinyurl.com/ehczfs |

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| **PART B: GENERAL INFORMATION** |
| **Name of Student** |  |
| **Email of Student** |  |
| **Student Number**  |  |
| **Degree (PhD, MD, or MSc)** |  |
| **Part Time or Full Time (PT or FT)** |  |
| **Name of Supervisor (or Advisor if MD)** |  |
| **Email of Supervisor (or Advisor if MD)** |  |
| **Year & Month Started** |  | [ ]  September[ ]  March |
| **Expected Year of Completion** |  |

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| **PART C: YOUR REQUEST**  |
| **What are you requesting?** | [ ]  Time Off-books[ ]  Extension – submission of thesis[ ]  Extension – continuation report[ ]  Extension – annual progress report |
| **Reason for requesting extension or time off-books (please outline with as much details as possible).** |  |
| **Please indicate exactly the new submission date should this request be granted (i.e. the new deadline date being requested). This should simply indicate the day, month and year e.g. Monday 30th June 2025** |  |
| **Have you consulted with your supervisor or course director? Please seek comments from supervisor or course director.** |  |
| **Have you consulted with your funding agency? In case of an extension request, please ensure you are aware of the implications of support from your funding agency.**  |  |
| **Have you consulted with college support services? Please see below.*** **Disability Service |** www.tcd.ie/disability/
* **Health Centre** | www.tcd.ie/collegehealth/; www.tcd.ie/College\_Health
* **Postgraduate Advisory Service** | www.tcd.ie/Senior\_Tutor/postgraduateadvisory/
* **Student Services** | www.tcd.ie/corporate-services/structure/student-services/
* **Student Counselling Services** | www.tcd.ie/Student\_Counselling/
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**Note**: If required this form will be send by the Office of Postgraduate Teaching & Learning to Head of School, Academic Registry, Dean of GSO for approval of your case.

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| **FOR OFFICE USE ONLY: DOCUMENT CONTROL - SCHOOL OF MEDICINE** |
| **Prepared by:** | **Kumlesh K. Dev (Director, PGTL, School of Medicine)** |
| **Reviewed by:** | **Lina Zgaga (Associate Director, PGTL, School of Medicine)** |
| **Approved by:** | **Dara O'Mahony (Postgraduate Administrator, PGTL, School of Medicine)** |
| **Next Review Date** | **This document was approved by the Postgraduate Teaching and Learning Committee (PGTL), School of Medicine who will review every two years. This document may be subject to quality appraisal such as the School review. The next review date of this document will be March 2027.** |
| **VERSION HISTORY** | **Version 1 – Oct 2019, Version 2 – Feb 2020, Version 2 – Apr 2020, Version 3 – Sep 2020, Version 4 – Oct 2020, Version 5 – March 2025** |