



THESIS EXTENSION AND SUSPENSION REQUEST FORM

Please return this form to the Academic Registrar, registrar@carey.ac.nz | 0721

Please familiarise yourself with the Thesis Regulations on extensions and suspensions/leave of absence prior to submitting this form.

Note that additional fees will be charged if a student is granted a formal extension. See the Tuition Fees Regulations and Schedule for current details of the thesis extension charges. Please submit this form to the Academic Registrar.

SECTION ONE | STUDENT & THESIS DETAILS

Student name

Student ID number

Course number (*indicate*)

Enrolment status (*indicate*)

MA901 Thesis (90 credit, 30,000 words)

MA902 Thesis (120 credit, 40,000 words)

Full-time

Part-time

Primary supervisor

Secondary supervisor (if applicable)

Title of thesis

Due date

day

month

year

SECTION TWO | REQUEST FOR EXTENSION/SUSPENSION

Note that **formal extensions** can be granted once only for **periods of full months up to a maximum of six months**, and additional fees will be charged for approved extensions.

A **suspension/leave** of absence can be granted for a **maximum period of 12 months**.

Number of months requested

New submission date proposed

day

month

year

Indicate the primary reason you are applying for an extension/suspension:

Medical/health

Financial

Personal

Other

Please explain why you are requesting this extension/suspension and confirm that you have attached evidence to support your request. Requests for an extension must include evidence of your satisfactory progress to date, and a proposed timetable for completion if the extension is granted. The timetable must include monthly goals which will be closely monitored by your supervisor.

SECTION THREE | PRIMARY SUPERVISOR TO COMPLETE

Please provide a brief comment on the request for an extension/suspension

I confirm that the student is making satisfactory progress and that an extension/suspension as proposed is appropriate Yes No

SECTION FOUR | SIGNATURES

Signature of student

signature _____ day _____ month _____ year _____

Signature of supervisor

Approved Yes No If yes, new date for submission: _____ day _____ month _____ year _____

signature _____ day _____ month _____ year _____

SECTION FIVE | APPROVALS | OFFICIAL USE ONLY

The requested extension is approved

The requested extension is approved, but with revised submission date: _____ day _____ month _____ year _____
for the reason given below.

The requested extension is not approved for the reason given below

Reason

Extension Fee of \$ _____ applies. Invoice sent on: _____ day _____ month _____ year _____

Signature of Academic Director

signature _____ day _____ month _____ year _____