

Application for Senate Approval of Extension of Time

For Masters, Bachelors (Honours) Degrees and Postgraduate Diplomas

Before applying for an extension to a research course enrolment, please check *General Regulations – Masters Degrees, Bachelors Honours Postgraduate Degrees or Postgraduate Diplomas* in the Academic Statutes and Regulations section of the University Calendar at www.calendar.auckland.ac.nz.

Student's details

First name/s:	<input type="text"/>	ID number:	<input type="text"/>
Last name:	<input type="text"/>	Programme:	<input type="text"/>
		Year Programme Commenced:	<input type="text"/>

Concession sought

Note: With the exception of short extensions for Masters thesis or portfolio courses that commenced prior to 2014, students will be required to be enrolled in the relevant extension course and pay tuition fees at the rate of ten points for each approved two month extension period or part thereof.

- Short extension of time for Masters thesis/research portfolio: (applicable to enrolments that commenced prior to 2014 only)
 28 February (for Semester Two)
 15 July (for Semester One)
- Extension of time for Masters thesis/research portfolio:
 First extension

Indicate end date for extension: (not normally exceeding four months for enrolments that commenced in or after 2014, or one semester for enrolments that commenced prior to 2014)

- Extension of time for Dissertation or Research Project (not exceeding two months)
- Explanation of exceptional circumstances attached
- Independent evidence attached (required)

Student's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

Departmental recommendation

Recommended Comments:

Not recommended

Department:

Supervisor's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

- Fees to be waived (if approved, fees will be paid by department and an internal journal will be required)

Head of Department's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

Faculty approval

Recommended Comments:

Not recommended

Associate Dean, Postgraduate's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

Dean of Graduate Studies' decision

Approved Comments:

Not approved

Dean of Graduate Studies' name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)