

PLEASE NOTE:

- To complete and sign this interactive PDF you must have [ADOBE READER VERSION 8](#) or newer.
- Click here to download: [Adobe Reader for MAC](#) [Adobe Reader for WINDOWS](#)
- When opening the PDF in Reader, if prompted, click [ENABLE ALL FEATURES](#) and [HIGHLIGHT THE EXISTING FIELDS](#)
- To insert a digital signature below, click on the signature and follow the brief instructions, before saving the document, and sending on to the next signee, as needed.

IMPORTANT:

- The onus is on the Student to ensure that this form is completed and to attain all required electronic signatures before returning to: EU Students: pgresearch@ucc.ie Non-EU Students: annemarie.scarry@ucc.ie
- For all types of change requests, signatures of all Supervisors/Advisors noted on the student's registration record must be provided.

Student Details (required)

Student Name:

Student Number:

Date of Birth:

School/Department:

Email:

Tel:

Currently registered as:

No-cost Extension Request

Research students who have been impacted by the university closure due to COVID-19 can request a no-cost extension to their research programme. This form must be signed by your full Supervisory team and Head of School/ Department. Electronic signatures required on the next page.

Requested duration of extension

Brief description of how your studies were impacted by the COVID-19 closure (max 150 words):

Source of funding for your research, e.g. self-funded/SFI/other:

Signatures of Supervisors, Advisors *and* Head of School/Department

PLEASE NOTE:

-For all change requests, signatures of all Supervisors/Advisors noted on the student's registration record must be provided AND Head of School/Department.

CLICK AND FOLLOW INSTRUCTIONS TO INSERT ELECTRONIC SIGNATURES BELOW

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Advisor (if applicable) (print):

Date:

Signature:

Head of School/Department (print):

Date:

Signature:

2nd Head of School/Department (print): *If Supervisors are in 2 Schools/Departments*

Signature:

Date:

Student Signature

Date: