***COMPLETED FORM NEEDS TO BE SENT DIRECTLY TO THE GRADUATE SCHOOL***

**UNIVERSITY OF ROEHAMPTON**

# RESEARCH DEGREES COMMITTEE

# APPLICATION FOR A TRANSFER TO WRITING-UP STATUS

***Please copy in your department research degrees convenor when sending this completed form to the Graduate School for approval.***

You may apply to register as a “writing-up” student while completing your thesis provided that:

1. you have successfully completed at least three years full-time or four years part-time study (and have been registered with the University for at least one year full-time or 1.5 years part-time if you have transferred your registration from another institution)
2. the transfer is approved by the Graduate School

### SECTION 1: REGISTRATION DETAILS

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**Date of Initial Registration:**

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| --- |
|  |

**Current registration expiry date:**

|  |
| --- |
|  |

**Name:**

|  |
| --- |
|  |

**Student ID:**

|  |
| --- |
|  |

**School:**

**Mode of Study:** [ ]  **Part-time** [ ]  **Full-time**

**Title of research:**

|  |
| --- |
|  |

##### SECTION 2: ACKNOWLEDGEMENT

***Please note that retrospective applications will not be approved. You should apply for a transfer to writing-up status at least one month before the transfer is due to come into effect***

|  |  |
| --- | --- |
| * I would like my transfer to be effective from (dd/mm/yyyy):
 |  |

* I confirm that I will have successfully completed 3 years of full-time study or 4 years of part-time study by the date given above
* I confirm that by the date given above, I will be at the writing-up stage and I expect to submit my thesis within 12 months of this date. I understand that if I fail to submit within this time, I will be required to apply for an extension to my maximum period of registration.
* I understand that any extensions to my maximum period of registration will be at the discretion of the Research Degrees Committee
* I understand that any periods of extension must be paid for at the relevant full-time or part-time rate unless I am granted a tuition fee waiver
* If I am an international student, I understand that I am required to inform the relevant authorities (e.g. UK Border Agency) of any changes to my registration status which may affect my permissions to enter/remain in the UK

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

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**SECTION 3: SIGNATURES**

*We agree to the candidate's request for transfer to writing-up status. We understand that the candidate is required to submit his/her thesis within 12 months of the date given in Section 2. We understand that if the student fails to submit within this time, he/she will be required to apply for an extension to his/her maximum period of registration which must be paid for at the relevant full-time or part-time rate. We understand that any requests for extension are at the discretion of the Research Degrees Committee.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Director of Studies | Signed: | Date: | Department: | % supervisor load: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: | % supervisor load: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: | % supervisor load: |
| Printed: |

### SECTION 4: GRADUATE SCHOOL APPROVAL

*The Graduate School approves the student’s request for transfer to writing-up status.*

|  |  |  |
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| Signature of Chair of Research Degrees Committee | Signed: | Date: |
| Printed: |