UNIVERSITY POSTGRADUATE RESEARCH COMMITTEE
APPLICATION FOR WAIVER TO THE 10 YEAR RULE

This form must be completed if ten years from your initial enrolment has lapsed (regardless of any periods of LOA or lapsed enrolment)

1. PERSONAL DETAILS

Title .............. Family name ..........................................................Given name(s).............................................................
Student No. ............Degree .................School/Centre..........................................................

2. ENROLMENT HISTORY

Date of initial enrolment......................................Expected date of completion..........................................................
Principal Supervisor...........................................Associate Supervisor..........................................................
Past Supervision History and Period (if applicable) ..........................................................

Thesis Title..........................................................

- Please list any LOA periods..........................................................
- Has your candidature ever lapsed?..........................................................
  (If Yes, please include period of lapsed status and reason as part of your supporting letter (see point 3 below)).

3. STUDENT SUPPORTING DOCUMENTATION

Please attach:
- A letter explaining the delay (e.g. equipment failure, lack of participants, change in direction of the research, change in supervisors, personal reasons).
- A timeline in the form of a Gantt chart to expected completion date.

4. SUPERVISOR SUPPORTING DOCUMENTATION

Your Principal Supervisor must supply a supporting letter acknowledging all points in the students letter and confirming:
- The timelines for submission are achievable and how this will be supported (e.g. frequency of meetings, additional language support, resources and infrastructure and available to support the project).
- The research is still current and relevant.

5. RECOMMENDATIONS/APPROVAL

Student:

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Name ..........................................................Signature ..........................................................Date

Principal Supervisor:

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Name and Title ..........................................................Signature ..........................................................Date

Head of School/Centre/Institute or Delegate:

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Name ..........................................................Signature ..........................................................Date

Recommended/Rejected by the University Postgraduate Research Committee on ...............................................

Approved/Not Approved by the Education and Research Board on .............................................................

Updated: April 2010