**Your LISS DTP PhD STUDENT’S DETAILS**

|  |  |
| --- | --- |
| Student’s Surname  | Enter your surname  |
| Student’s Forename(s)  | Enter your forename  |
| Student ID  |   |
| Institution and Faculty   | Type your Faculty   |

**SUPERVISOR Details**

|  |  |
| --- | --- |
| Your Surname  | Enter your surname  |
| Your Forename(s)  | Enter your forename  |
| Your Email address  | Enter your date of birth  |
| Institution and Faculty   | Type your Faculty   |

**Period of Funding Extension being requested (to a maximum of six months, whole months only) by your UKRI student**

☐ 1 month

☐ 2 months

☐ 3 months

*Special cases only*

☐ 4 months

☐ 5 months

☐ 6 months

**SUPERVISOR’S SUPPORTING STATEMENT**

|  |
| --- |
| **Please provide clear statements as to:**   (1) *why* the length of time requested is appropriate.  (2) what steps to adjust the project and mitigate have been taken. (3) *why* no further adjustments and mitigation are possible to enable completion of sufficient doctoral standard research within the funding period.  *Please write no more than 200 words*  |
|          **Name/Signature:**  |