**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:** |