



**School of International Studies (SOIS),  
Universiti Utara Malaysia  
Extension of Academic Research Paper Submission Form  
Extenuating Circumstances Application  
for Extension of Academic Research Paper Submission Deadline**

**Before completing this form please note:**

An extension is a variation to the academic research paper submission deadline that compensates for a period of time where a student has paid full fees but has been unable to pursue studies for **extenuating personal, medical or academic circumstances**. An application for an extension will only be considered where there are such extenuating circumstances.

All applications should be submitted to the SOIS Office before the academic research paper submission deadline and the length of an extension is equivalent to the period of time where a student has paid full fees but has been unable to pursue studies for extenuating circumstances. Retrospective applications may be considered only in exceptional cases, and it is at the discretion of the School of International Studies whether or not to consider late applications.

Students should communicate with their Supervisor as soon as is reasonably possible, well in advance of their academic research paper submission deadline.

Students should ensure that they read the Academic Research Paper Guidelines for Undergraduate Study before completing this form.

**When should this form be submitted?**

The completed form should be returned to the School Office **as soon as possible and in advance of the academic research paper submission deadline**.

**Appropriate original supporting evidence must be supplied with the application** e.g. in the case of medical extenuating circumstances, an original medical certificate supplied by a registered medical practitioner or other health professional.

**Please note:** original documentation supplied is non-returnable. It is recommended that students retain a copy of the application and evidence for their records.

**A. PERSONAL AND PROGRAMME DETAILS**

<b>Name</b>			
<b>Telephone Number</b>		<b>E-mail Address</b>	
<b>Matrix No.</b>		<b>Program</b>	

Semester		Name of Supervisor	
<b>B.NATURE OF YOUR EXTENUATING CIRCUMSTANCES</b>			
<p><b>Please describe the circumstances</b> (use an additional page appended to this form if necessary). Please be specific as to the impact of these circumstances on your academic performance. Your confidentiality is assured. Only those people who will consider your circumstances will have sight of this form. <b>Appropriate original supporting evidence must be supplied.</b></p>			
<p><b>Are your extenuating circumstances personal, medical or academic in nature? Please tick the box below which best describes your extenuating circumstances.</b></p>			
<p><i>The School requires that these circumstances are confirmed by the professional indicated in each case below. Appropriate original supporting evidence must be supplied. Supporting evidence is non-returnable. Where appropriate, please ask the professional providing supporting evidence to be as specific as possible in outlining the impact of your circumstances on your ability to meet the demands of your academic programme.</i></p>			
<input type="checkbox"/> <b>Personal Circumstances</b> – including family bereavement, family illness or other personal or emotional circumstances	Appropriate original supporting evidence must be supplied.		
<input type="checkbox"/> <b>Medical Circumstances</b> – including physical illness, injury, accident or hospitalisation	Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/ psychotherapist or psychologist.		
<input type="checkbox"/> <b>Academic Circumstances</b> – including changes to the research question as approved	Appropriate original supporting evidence must be supplied.		
<p><b>Is this your first application for an extension?</b> <i>(If not, please provide details of your previous application(s).)</i></p>			
<b>C.SUPPORTING EVIDENCE</b>			
<p>Supporting Evidence Provided:            YES   <input type="checkbox"/>                            NO   <input type="checkbox"/></p> <p><i>Supporting evidence from one or more of the following competent professionals must be included. Please note that original documentation must be supplied and is non-returnable. It is recommended that you retain a copy of the application and evidence for your records.</i></p> <p>Please indicate the source of the supporting evidence you are attaching to the application:</p> <p><input type="checkbox"/> Medical Practitioner</p> <p><input type="checkbox"/> Other health professional (please specify)</p> <p><input type="checkbox"/> UUM Student Support professional*</p>			

Other (please specify)  
 \* i.e. : UUM Student Adviser/ official UUM student counsellor/ SOIS Supervisor

**D. STUDENT SIGNATURE**

*(To verify that you have read and understood the **Guidelines for Academic Research Paper** and that all the information supplied is true and factually correct.)*

Signed:

Date:

**E. THE FOLLOWING SIGNATURE & STAMP ARE REQUIRED**

<b>Supervisor</b>	
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**F. FOR OFFICE USE ONLY**

**1. RECEIVED BY THE SCHOOL UNDERGRADUATE COORDINATOR**

Office:

Date:

Signed:

Print name:

Undergraduate Coordinator Recommendation and Date:

**2. RECEIVED BY THE SCHOOL HEAD OF DEPARTMENT**

Office:

Date:

Signed:

Print name:

**3. DECISION OF THE DEPARTMENT**

Application approved:    YES            NO

Length of extension approved:

New submission date:

Date of decision: