**Deferring Transfer of Status**

**Section 1– to be completed by the student. Please use BLOCK CAPITALS.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | Title (Mr/Mrs/Miss/Ms/etc.): | |  | |
| First name (in full): |  | Student Number: | |  | |
| College: |  | | | | |
| Award Programme: | DPhil in History | | | | |
| Email address: |  | | | | |
|  | | | | | |
| Start term of DPhil | | | / / | | |
| In which term are you currently expected to transfer status? | | |  | | |
| Number of terms of deferral previously granted (if any): | | |  | | |
| For how many terms’ deferral of transfer are you applying? | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for request -** please give details of the reasons for your request to support your application for deferral of transfer | | | |
|  | | | |
| Signature: |  | Date: |  |
| Full name: |  | | |

**Section 2 – to be completed by the current supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s comments | | | |
|  | | | |
| Signature: |  | Date: |  |
| Full name: |  | | |

**SECTION 3 – to be completed by the Director of Graduate Studies (or equivalent)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comments** | | | |
|  | | | |
| I certify that this application for deferral has the approval of the candidate’s department | | | ❑ **Yes** ❑ **No** |
| Signature of DGS (or equivalent): |  | Date: |  |
| Full name: |  | | |