**Deferring Transfer of Status**

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

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| --- | --- | --- | --- |
| 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?  |  |

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| **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**

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

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

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| **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: |  |