**RECOMMENDATION FOR TRANSFER TO SUBMISSION PENDING**

|  |  |
| --- | --- |
| **Section A- Student details** | |
| **Student ID Number** |  |
| **Name** |  |
| **School/ Institute/ Dept** |  |
| **Is this student in receipt of any funding?** | Yes | No |
| **If yes please give details**  (e.g. Research Council, US Loan recipient etc.) |  |
| **Section B- Recommendation** | |
| The registration be transferred to “Submission Pending” with effect from the following date:  \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  All data collection must have been completed before this change can be recommended  **A supporting case should be made in writing for all back dated transfers within the current academic year**. **Please make the case in the space below**.  (Transfers back dated to previous academic years will not normally be accepted.) | |
| **Student Signature: Date** | |
| **Section C- Approval of Primary Supervisor** | |
| **Name** | **Signature** |
| **Date** |  |
| **Section D- Approval of School/ Institute PGR Director** | |
| **Name** | **Signature** |
| **Date** |  |
| **Section E- Approval of Faculty PGR Director** (in support of back dated SP requests) | |
| **Name** | **Signature** |
| **Date** |  |