

Thesis/Project/Research Paper/Dissertation Extension Fee Waiver Application

Purpose: To provide a transparent and fair appeal process for students seeking exception to the Thesis/Project/Research Paper/Dissertation Extension Fee as outlined in the [Academic Regulations](#).

Fee waiver applications with required supporting documentation must be submitted within fourteen (14) calendar days of the Extension APPROVAL date. See [section 5 for full process overview](#).

For Medical Fee Waiver requests, please contact Accessibility.Services@royalroads.ca directly.
This application form is **NOT** eligible for Medical Fee Waiver requests.

Instructions

- After the extension period is APPROVED, students are eligible to submit this application.
- Student completes sections 1-4, then submits application with supporting documentation to thesesdissertations@royalroads.ca
- Supporting documentation must be in the original language along with a word-for-word **certified English translation**.
- Applications missing supporting documentation and translation (if applicable) will not be considered.

Section 1: Student information	
Student Name:	Student ID:
Program:	Extension Waivers approved to date:

Section 2: Reason for Appeal Request
Compassionate – Unforeseen significant medical condition(s) of a dependent, death in the immediate family, or involuntary employment transfer/relocation. See Section Six (6) for examples of documentation required.
Administrative – Delays caused by institutional processes, paperwork or coordination issues such as delays with ethical review permissions, external examiner delays beyond the student's control, involuntary change to supervisory committee structure or research focus. • Letter of support from the Office of Graduate Studies required.

Section 3: Explanation of Appeal Request

Section 4: Student Declaration	
By signing below, I, the student, agree that the information in this form and any accompanying documents accurately reflects my circumstances and is true and complete.	
Student Signature:	Date:
<i>The personal information collected on this form is collected under the authority of the University Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information collected may be aggregated and used for management</i>	

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reporting purposes on an anonymous basis. For more information regarding the collection and use of personal information, please contact Royal Roads University's Privacy Officer at privacyofficer@royalroads.ca

Section 5: Process Overview

Students with an APPROVED Extension who face significant challenges due to genuinely severe and proven exceptional circumstances may be eligible to submit an appeal for an Extension Fee Waiver.

Deadline to submit a waiver appeal is fourteen (14) calendar days from the Extension Approval date.

1. Student completes Sections 1-4, then submits to thesesdissertations@royalroads.ca with supporting documentation. All supporting documents must be in the original language along with a word-for-word certified English translation. **Applications missing supporting documentation will not be processed.**
2. Applications for extension fee waivers will be reviewed by the Extension Fee Appeal Committee once a month and recommendations will be submitted to the Vice President Finance and Operations (VPFO).
3. The VPFO will make a final decision.
4. Decisions will be communicated to the student's email address on the official student record.
5. Extension fee reversals will normally be processed within four (4) weeks of the decision date; applicable refunds will be returned to the original sender and through the original payment method.

Section 6: Examples of ELIGIBLE reasons for appeal

Required Documentation

✓ Death in the immediate family	☐ Death certificate or other reasonable evidence
✓ Unforeseen serious illness of a dependent	☐ Medical documentation from a qualified health care practitioner
✓ Destruction or loss of primary residence from flooding, earthquake, fire, tornado, or acts of war.	☐ Insurance claim or other reasonable evidence
✓ Involuntary employment transfer or deployment (e.g., military, public safety, other involuntary employer-made relocation decision) where on-line study in the same program is not reasonable.	☐ Employment letter
✓ Ethical review permission delay, external examiner delays beyond the student's control, involuntary change to supervisory committee structure or research focus.	☐ Letter of support from the Office of Graduate Studies

Section 7: Examples of INELIGIBLE reasons for appeal

✗ Financial hardship including denial of funding.
✗ Not being aware of or forgetting a deadline or how to withdraw/take a leave of absence from the program.
✗ Not being aware of the fee
✗ Inadequate resources to participate in program delivery such as internet connectivity issues or no computer.
✗ Family events, travel plans, choosing to change jobs or location of residence.
✗ Choosing to change jobs or location of residence
✗ Short term illness (flu, etc.).
✗ Balance owing to the University

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Internal Office Use Only – Student Accounts staff complete this section.

Section 8: Fee Waiver Appeal Committee Recommendation			
The fee waiver appeal committee recommends a 3-month Extension Fee Waiver			
The fee waiver appeal committee does NOT recommend a 3-month Extension Fee Waiver			
Committee Notes:			
Fee Waiver Appeal Committee members included in recommendation	Administrative Unit	Name	Position
	Office of Graduate Studies		
	Student Accounts		
	Student Services		
	FIS Dean's Office		
	PPL Dean's Office		
	Program Faculty (as needed)		
	Indigenous Student Services (as needed)		

Section 9: Vice President Finance and Operations Decision	
I approve the granting of an Extension Fee Waiver.	
I do NOT approve the granting of an Extension Fee Waiver. Rational:	
VPFO Signature:	Date:

Finance Use Only

Section 10: Extension Fee Information	
Student has been notified of the appeal decision	Date:
Fee waiver request has been submitted for processing	Date:

Section 11: Extension Fee Information			
Extension Fee Type	Date Paid	Payment Method	Original Payor Name