

Application for Extension to Scholarship

To enable this electronic form, you must first **SAVE** it then **REOPEN** as a PDF file (it will not function properly when used in a browser window).

The Application for Extension to Scholarship form is to be completed by the scholarship recipient for approval approximately 8 weeks prior to their current scholarship expiry date.

Please refer to the [Higher Degree by Research Scholarships Procedure](#) for Australian Government Research Training Program funded scholarships or the specific terms of any other scholarship prior to seeking an extension.

HDR Candidate Details

First Name	<input type="text"/>	Last Name	<input type="text"/>
Student ID	<input type="text"/>	Scholarship Type/Name	<input type="text"/>

Request for Extension

I am applying to extend coverage of my: (tick all that apply)

- Stipend
- Tuition
- Operating funds

I wish to apply for an extension of my scholarship for a further months (up to six months maximum)

Please outline the reasons why you are requesting a scholarship extension, including how these circumstances have been beyond your control (Attach additional pages and/or supporting documentation if required, e.g. medical certificate).

Reasons:

Reasons
(continued:

Completion timeline

List Tasks
Completed:

--

Tasks to be completed:

Date for completion:

	Tasks to be completed:	Date
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>

Approvals and Authorisations

PLEASE NOTE: This is an electronic form and requires the below authorisations in the order they appear. After each authorisation this report needs to be emailed to the next signatory by clicking the `submit by email to next signatory' button and entering in the next recipient's email address. For any queries about this form please contact the [Office of Research Services & Graduate Studies](#).

HDR Candidate:

I hereby declare that the information provided with this request is accurate to the best of my knowledge
If you do not have an electronic signature, you may create one in the signature field below.

Name Signature Date:

Principal Supervisor:

Please comment on the candidate's progress and feasibility of the proposed timeline for completion. (Attach additional pages if required)

Comments:

Name Signature Date:

Office of Research Services & Graduate Studies Use Only:

Candidature Minimum		Candidature Maximum	
Scholarship	Fund Source (Scholarship Name)		
	Leave to date		
Stipend	Current 3 Year End Date		
	Proposed New End Date		
Operating Funds	Resource Allowance Balance (incl. as at date)		
	Session covered by an Extension		
Tuition Fees	# of Sessions Remaining		
	Session covered by an Extension		

Dean of Graduate Studies:

I approve/decline the following scholarship extension requests:

	Approved	Declined
Stipend		
Tuition		
Operating Funds		

Comments and further conditions (if applicable):

Name Signature Date: