

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 Policy](#) 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 Last Name
Student ID Scholarship Type/Name

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:

1	<input type="text"/>	Date	<input type="text"/>
2	<input type="text"/>	Date	<input type="text"/>
3	<input type="text"/>	Date	<input type="text"/>
4	<input type="text"/>	Date	<input type="text"/>
5	<input type="text"/>	Date	<input type="text"/>
6	<input type="text"/>	Date	<input type="text"/>
7	<input type="text"/>	Date	<input type="text"/>
8	<input type="text"/>	Date	<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 [Research Office](#).

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:

Research Office Use Only:

Candidature Minimum		Candidature Maximum	
Principal Supervisor			
Co-Supervisor			
Stipend	Fund Source (Scholarship Name)		
	3 Year Start Date		
	3 Year End Date		
	Leave		
	Resource Allowance Balance (incl. as at date)		
Tuition Fees	Fund Source (Scholarship Name)		
	# of Sessions Allowed		
	# of Sessions Consumed		

Proposed Extension		
Stipend Details	Fund Source (Scholarship Name)	
	Duration of Extension	
	New End Date	
Operating Funds	Fund Source (Scholarship Name)	
	Session Covered By Extension	
Tuition Fees	Fund Source (Scholarship Name)	
	Session Covered By Extension	

Director, Research:

- I approve this request for a Scholarship Extension
- I decline this request for a Scholarship Extension

Comments and further conditions (if applicable):

Name Signature Date: