

FACULTY POSTGRADUATE RESEARCH COMMITTEES

APPLICATION FOR AN EXTENSION TO SCHOLARSHIP

This form must be completed to obtain approval for an extension to scholarship. Please note that, if approved, an extension to scholarship automatically grants an extension to your candidature.

1. PERSONAL DETAILS

Title Family name

Given name(s)..... Student No

Scholarship Type.....

School /Centre.....

2. LENGTH OF EXTENSION REQUESTED

Six months (EFT) Other

If you tick 'Other', please contact the Scholarships Coordinator on (03) 9919 4659 to discuss your request.

3. REASON FOR REQUEST FOR EXTENSION

Please attach a letter explaining in detail, the specific circumstances leading to this request for a scholarship extension. Please attach supporting documentation (this **must** include a supporting letter from your supervisor). Medical certificates may also be attached where appropriate.

4. REVISED TIMELINE

Please attach a revised timeline in the form of a Gantt chart. Applications without a revised timeline **will not** be considered.

5. APPROVAL OF REQUEST FOR EXTENSION

...../...../.....
 Applicant's Name Signature of Applicant Date

...../...../.....
 Principal Supervisor's Name Signature of Principal Supervisor Date

...../...../.....
 Head of School/Centre's Name Signature of Head of School/Centre Date

(Where the Principal Supervisor is also the Head of School/Centre then the Executive Dean or Associate Dean (R&RT) or their nominee is required to sign below).

This request has been recommended/approved by the Faculty Postgraduate Research Committee / Scholarships Coordinator:

...../...../.....
 Name of Authorised Officer Signature of Authorised Officer Date