APPLICATION FOR AN EXTENSION TO CANDIDATURE

This form must be completed to obtain approval for an extension to candidature.

1. PERSONAL DETAILS

Title .............. Family name ........................................................................................................

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

Degree Title......................................................... College / Centre.............................................

2. LENGTH OF EXTENSION REQUESTED

Six months (EFT) ☐ Other ☐

If you tick ‘Other’, please contact the Graduate Research Centre (03 9919 4659) to discuss your request.

3. REASON FOR REQUEST FOR EXTENSION

Please explain, in detail, the specific circumstances leading to this request for a candidature extension (attaching additional pages if necessary). Please attach supporting documentation (this must include a supporting letter from your supervisor). Medical certificates may be attached where appropriate.

Please note: International students applying to extend their candidature and electronic Confirmation of Enrolment (eCoE) should familiarise themselves with the National Code of Practice 2007 http://aei.dest.gov.au/AEI/ESOS/NationalCodeOfPractice2007/default.htm (Standard 9). If approval has been granted, international students must then apply to VUI for an extension to eCoE using the “Request for an Electronic Confirmation of Enrolment” form. For further information contact VUI Compliance vuicompliance@vu.edu.au

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

Director, R&RT ................................................................. Signature, Director, R&RT ................................... Date

(Where the Principal Supervisor is also the Director, Research and Research Training, then the College Dean or their nominee is required to sign)

Office Use Only:

Previous Extensions Granted: ........................................................................................................

Updated: April 2014