

GRADUATE RESEARCH CENTRE

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

College /Centre.....

2. LENGTH OF EXTENSION REQUESTED

Six months (EFT) ☐ Other ☐

If you tick 'Other', please contact the Scholarships Coordinator on (03) 9919 5014 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

...../...../.....
 College Director (R&RT) Signature of College Director Date
 (Where the Principal Supervisor is also the College Director, then the Executive Dean or their nominee is required to sign).

This request has been recommended/approved by the appropriate Committee / Scholarships Coordinator:

...../...../.....
 Name of Authorised Officer Signature of Authorised Officer Date
 Updated: April 2014