Scholarship Extension Application

To be completed by PhD students approximately 8 weeks prior to their current expiry date, after a tenure of three years (or equivalent).

THE UNIVERSITY OF ADELAIDE AUSTRALIA

Name:_____ ID Number: _____

Department:_____

Name of Scholarship:_____Current Expiry Date:_____

For PhD candidates an extension of up to an additional six months may be considered - ie to a total of three and a half years. Such an extension would only be granted where it can be demonstrated that inability to complete the degree within three years was caused by circumstances beyond the control of the student and related directly to his or her studies. Delays and time lost included in this application must correspond delays and time lost as documented in Annual Review of Progress. The only exception being if the delay occurred after the last Annual Review of Progress, in which case, the application must clearly state this. Illness, publications, work commitments and carer responsibilities are not considered as reasons for extension and should be addressed by use of the leave of absence, sick leave or half-time study provisions (see sections 4 and 10 of the Conditions of Award for further information). All extensions are subject to the consideration and approval of the Graduate Scholarships Committee.

I apply for an extension of my scholarship for a further period of_____months. I include a statement below which outlines the reasons for the application, a time-line for the required extension, as well as supporting comments from my supervisor(s) and the Postgraduate Co-ordinator or Head of Discipline / School. (*Additional pages may be included if required*.)

Student:

_____ _____

Signature *Date*

Office Use Only:

Recommendation_____

_____

Signature:_____Date_____

Supervisor(s): Supported / Not Supported*

Reasons for student needing extra time:

Factors which were beyond the control of the student:

Actions taken by the Department to help minimise the delay:

Signature (Principal Supervisor)	*Signature (Co-Supervisor)*	*Signature (Co-Supervisor)*
Date	*Date*	*Date*

Postgraduate Co-ordinator or Head of Discipline / School: Supported/Not Supported*

*Signature of Head of Discipline or School /Postgraduate Co-ordinator** *(*Delete as appropriate)*	*Date*