



POSTGRADUATE SECTION
Application for Change in Attendance Status

Transfer from Full-time to Part-time

Transfer from Part-time to Full-time

Transfer to begin: Beginning of Semester One _____ (year) Beginning of Semester Two _____ (year)

If you are applying to change your candidature from full time to part time or part time to full time you must complete this form. Please obtain your Head of Department's recommendation before you return the form to the Postgraduate Section, Faculty of Science, University of Sydney, NSW 2006. You must return this form to the Faculty of Science Office no later than 25 March for Semester One and 25 August for Semester Two. Failure to return the form before these dates will affect your HECS exemption scholarship.

A **full-time** research candidate is expected to devote a full working week on average to the candidature throughout the year and not less than four working days on average per week.

A **part-time** research candidate is expected to devote not less than two working days on average per week to the candidature throughout the year.

If you are applying to undertake a Doctor of Philosophy or Master of Science on a part-time basis, please attach a supporting statement to show:

- that you will have sufficient time available to be able to complete the degree requirements within the maximum period.
- that you yourself will plan and carry out the intended research.
- that you will, for the purposes of your research, be under the supervision and control of the University.

Your statement must also include a declaration from your employer, if you are in employment, confirming that you will have enough free time to pursue your candidature.

YOU MUST ALSO OBTAIN THE RECOMMENDATION OF YOUR SUPERVISOR AND HEAD OF DEPARTMENT BEFORE RETURNING THIS FORM TO THE POSTGRADUATE SECTION, FACULTY OF SCIENCE

SECTION A: (to be completed by the candidate)

Student Status: Local International

Degree: PhD or MSc Current Attendance Status: Full-time or Part-time

Name: _____ SID: _____

Address: _____

Phone: (Work) _____ (Home) _____ Email: _____

Department: _____

Supervisor: _____ Associate Supervisor(s): _____

Degree Commenced (month/yr): _____ Latest Date of Completion (month/yr): _____

Total Period of Previous Suspensions (months): _____ Total Period of Previous Extensions (months): _____

Reason for Request: _____

Signature: _____ Date: _____

SECTION B: (to be completed by Supervisor)

The request is Supported Not Supported (tick as appropriate)

Signature: _____ Date: _____

SECTION C: (to be completed by Head of Department/School/Centre or delegate)

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ Date: _____

PLEASE FORWARD TO THE POSTGRADUATE SECTION, FACULTY OF SCIENCE, CARSLAW BUILDING, F07

SECTION D: (to be completed by Faculty Office)

The dates for completion of requirements for the degree are now

Earliest date _____ Latest date _____

SECTION E: (to be completed by Associate Dean/Dean)

The request is Supported Not Supported

Associate Dean/Dean's Signature: _____ Date _____