



# The University of Sydney

## Postgraduate Section Faculty of Science

### Application for Extension of Candidature

Period of extension requested: \_\_\_\_\_ Months      From: \_\_\_\_\_      To: \_\_\_\_\_

**DO NOT SUBMIT THIS FORM UNTIL YOU ARE IN THE SEMESTER BEFORE YOUR LATEST DATE OF COMPLETION.**

*If you are applying to extend the completion date for your candidature you must complete this form. Please obtain your Supervisor's and Head of Department's recommendation before you return the form to the Postgraduate Section, Faculty of Science, University of Sydney, NSW 2006. You can only apply for an extension during your last semester of candidature. If you fail to extend your latest date of submission, your candidature will be considered as lapsed and this may be deemed as failure to make satisfactory progress which could lead to termination of 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      Attendance:       Full-time      or  
 Part-time

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Associate Supervisor(s): \_\_\_\_\_

Degree Commenced (month/yr): \_\_\_\_\_ Current Latest Date of Completion (month/yr): \_\_\_\_\_

Total Period of Previous Suspensions (mths): \_\_\_\_\_ Total Period of Previous Extensions (mths): \_\_\_\_\_

*This should take into account all previous extensions/suspensions and should be calculated in full time equivalents*

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work completed at time of request: \_\_\_\_\_

\_\_\_\_\_

Detailed Timetable for Completion (*please attach any additional information if the space allocated below is not sufficient*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: (to be completed by Supervisor - *Comments on candidate's timetable for completion and work completed*)**

The request is  Supported  Not Supported (tick as appropriate)

Comments: \_\_\_\_\_

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, THE FACULTY OF SCIENCE OFFICE, CARSLAW BUILDING, F07**

**SECTION D: (to be completed by Faculty Administrative Staff)**

Total Period of Previous Extensions: \_\_\_\_\_  
Total Period of Previous Suspensions: \_\_\_\_\_  
Current Request: \_\_\_\_\_  
New Latest Date: \_\_\_\_\_

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

The request is  Supported  Not Supported

Associate Dean/Dean's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Postgraduate Studies Committee (where applicable) \_\_\_\_\_