



## CHANGE IN RESEARCH ATTENDANCE STATUS FULL-TIME or PART-TIME

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 Research Student Administration Section, Faculty of Arts and Social Sciences A14, University of Sydney, NSW 2006. **You must return this form to the Faculty Office no later than the end of week 3 of the relevant Semester** ([http://sydney.edu.au/arts/current\\_students/important\\_dates.shtml](http://sydney.edu.au/arts/current_students/important_dates.shtml)). Failure to return the form before this date may adversely affect your candidature.

### SECTION A (STUDENT TO COMPLETE):

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

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

Postcode: \_\_\_\_\_

Email Address (University): \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

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

My Current Attendance Status is: Full-time  Part-time

**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.**

**On the basis of these guidelines, please indicate if you are applying to change your candidature:**

To: Full-time  Part-time  Effective: Semester 1  Semester 2  Year: \_\_\_\_\_

#### Reason For Request:

If you are applying to undertake Doctor of Philosophy candidature on a part-time basis, please attach a 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

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE OBTAIN YOUR HEAD OF DEPARTMENT'S RECOMMENDATION BEFORE RETURNING THE FORM TO THE POSTGRADUATE RESEARCH STUDENT ADMINISTRATION SECTION OF THE FACULTY OFFICE.

PLEASE SEE OVERLEAF

**SECTION B (TO BE COMPLETED BY YOUR PRINCIPAL SUPERVISOR)**

The request for an extension is: Supported  Not supported

Supervisor's comments:

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Supervisor's signature: \_\_\_\_\_

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

**SECTION B (TO BE COMPLETED BY HEAD OR P/G COORDINATOR OF THE DEPARTMENT/SCHOOL/CENTRE)**

The request is:  Supported  Not supported (tick as appropriate)

Comments:

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HoD / PG Coordinator's signature: \_\_\_\_\_

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

**SECTION C (TO BE COMPLETED BY THE DEAN OR ASSOCIATE DEAN)**

The request is:  Approved  Not approved (tick as appropriate)

Associate Dean's signature: \_\_\_\_\_

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

**SECTION D (TO BE COMPLETED BY FACULTY ADMINISTRATIVE STAFF)**

The dates for completion of requirements for the degree are now:

Earliest Date: \_\_\_\_\_

Latest Date: \_\_\_\_\_