



EXTENSION OF RESEARCH CANDIDATURE

Please return this form to the Faculty office **no later than 2 March for Semester 1 and 27 July for Semester 2**. Please obtain signatures from your Supervisor and the Postgraduate Coordinator in your department. The form should be returned to Postgraduate Research Administration Section, Faculty of Arts and Social Sciences A14, The University of Sydney, NSW 2006. Faxed forms will be accepted. **You may only apply for an extension of candidature if you are currently in your final semester.** If you fail to extend your latest date for submission with approval, your candidature will be considered to have lapsed and you will not be able to submit your thesis for examination. Extension requests are approved on a semester basis – you cannot extend for a period of weeks or months.

SECTION A (STUDENT TO COMPLETE):

Name: _____ SID: _____

Address: _____

Postcode: _____

Email Address (University): _____

Telephone: (Work) _____ (Home) _____

Department: _____ Degree: _____

Supervisor: _____ Attendance: Full-time Part-time

Date commenced *eg March 2010*: _____

Latest date to complete *eg December 2011*: _____

I request an extension for a period of one semester

Commencing from: Semester 1, 20__ or Semester 2, 20__

Please provide a reason for your request and append (i) a summary of work completed to date and (ii) a realistic timeline for the completion of the research and writing of your thesis. Your Higher Degree Annual Reports will be reviewed by the Faculty.

Candidate's Signature: _____ Date: _____

SECTION B (TO BE COMPLETED BY YOUR PRINCIPAL SUPERVISOR)

The request for an extension is: Supported Not supported

Supervisor's comments:

Supervisor's signature:

Date:

SECTION C (TO BE COMPLETED BY THE HEAD OF DEPARTMENT, POST-GRADUATE COORDINATOR OR HEAD OF SCHOOL, AS APPROPRIATE)

The request for an extension is: Supported Not supported

HoD/PG Coordinator's comments:

HoD/PG Coordinator's signature:

Date:

SECTION D (TO BE COMPLETED BY FACULTY STAFF)

Total Suspensions:

Total Extensions:

New Latest Date:

SECTION E (TO BE COMPLETED BY THE ASSOCIATE DEAN)

The request for an extension is: Approved Not approved

Associate Dean's comments:

Associate Dean's signature:

Date:
