



Please read this information before completing your request for extension.

### **General information**

Should it appear during your last year of candidature that you will not be able to complete the requirements by the latest date for submission, you should apply for an extension of your candidature. Extensions are granted one semester at a time. Your application should explain why you do not expect to be able to meet the deadline and should refer to any difficulties that might have been experienced during the candidature. Evidence of difficulties is expected to be noted in annual progress reports. Your application should also contain a realistic estimate of the time you require to finish.

You cannot assume that an extension will be granted. An aspect of the research training being undertaken is to complete a project within a deadline. Requests for extension must be made in advance.

- Please ensure that the information on your application is complete, that all of the required documentation is included, and that the form is legible. Incomplete or illegible forms may be delayed.
- Complete the application form using **BLOCK LETTERS**, and where required, write clear crosses in the appropriate boxes. If spaces provided are insufficient, please attach responses as a separate document.
- When you have completed your section, please forward this form to your supervisor to complete his/her section. Your supervisor should then forward it to your postgraduate coordinator for recommendation. Your postgraduate coordinator will send it to the Postgraduate Student Administration Unit, Faculties of Dentistry, Medicine and Pharmacy, Edward Ford Building A27, The University of Sydney NSW 2006, Australia.

### **First request for extension of candidature**

You will be required to submit a proposed timeline for completion of your research program in support of your application for extension. This timeline should be very detailed. It will identify the precise activities / tasks remaining to complete the requirements of your research program and the dates at which you expect to accomplish these. This includes the likely date of submission of your thesis. This request must be approved by your supervisor and postgraduate coordinator.

### **Second request for extension of candidature**

Your second request for extension will consider the study plan which you submitted with your prior request and address the difficulties you encountered in meeting the timeframes specified in that proposal. You will submit a new timeline for completion in which you indicate how you intend on overcoming these issues if granted another extension. Again, this timeline should identify the precise activities / tasks remaining to complete the requirements of your research program and the dates at which you expect to accomplish these and submit your thesis. This request must be approved by your supervisor and postgraduate coordinator.

### **Third / further requests for extension of candidature**

Your third or further request for extension will refer to the study plan which you submitted with your prior request and address the difficulties you encountered in meeting the timeframes specified in that proposal. You will submit a new timeline for completion in which you indicate how you intend on overcoming these issues if granted another extension. Again, this timeline should identify the precise activities / tasks remaining to complete the requirements of your research program and the dates at which you expect to accomplish these and submit your thesis.

The recommendations (approval / non-approval) of your supervisor and postgraduate coordinator will be submitted to the Board of Postgraduate Studies Research Subcommittee for consideration and you will be advised of the final outcome accordingly.

### **Making inquiries and submitting your request for extension**

- You may direct any inquiries you have about your request to the postgraduate adviser via email [info@med.usyd.edu.au](mailto:info@med.usyd.edu.au) or phone +61 2 9351 3132.
- You will be advised by email (using your official University email address) of the result of this request as soon as possible, and if it is successful details of the enrolment procedure will follow.



Candidate Section

Family Name

[Text input box for Family Name]

SID

[Text input box for SID]

Given Names

[Text input box for Given Names]

Candidature Details

Degree Name

[Text input box for Degree Name]

Commenced

[Text input box for Commenced]

Current latest date for completion

[Text input box for Current latest date for completion]

Attendance

Full-time

[Checkbox for Full-time]

Part-time

[Checkbox for Part-time]

Are you a scholarship holder?

Yes

[Checkbox for Yes]

No

[Checkbox for No]

If yes, which scholarship/s?

[Text input box for scholarship details]

Date commenced

[Text input box for Date commenced]

Note: If you also require an extension of your scholarship you should contact the administering body and lodge a formal request for extension.

Is this your first request

[Checkbox for first request]

second request

[Checkbox for second request]

or third / further request

[Checkbox for third/further request]

for extension of this candidature?

Request for Extension Report

How many hours per week are devoted to your candidature?

(Full-time is 30 hours or more per week. Part-time is less than 30 hours per week)

[Text input box for hours per week]

Please provide a summary of research to date and outline your plan for the period of extension being requested. Elaborate under the headings listed below. The study plan should include a timeline which identifies the precise activities / tasks remaining to complete the requirements of your research program and the dates at which you expect to accomplish these. This includes the likely date of submission of thesis.

Note: If you have previously submitted a request for extension please ensure your current study plan also includes an explanation of why previous tasks were not completed.

Please attach as a separate document if space provided is insufficient.

Summary of Research:

[Dotted lines for Summary of Research]

Study plan:

[Dotted lines for Study plan]

Detail any written reports, publications, peer-reviewed presentations, workshops since your last Annual Progress Report (APR):

Detail any personal, technical, or other problems that have interfered with the progress of your work.

Please indicate steps you, and if applicable, your supervisor will take to help overcome these problems.

Do you intend to undertake employment during the period of extension? Yes  No

If yes, please give details.

Type of employment:

How many hours per week:

Period of employment:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Primary Supervisor Section**

Has the candidate diligently and consistently applied herself/himself to the project? Yes  Marginal  No

Has the candidate shown initiative consistent with the requirements of the research program/course and level of study? Yes  Marginal  No

Has the candidate made satisfactory progress throughout the past year? Yes  Marginal  No

Have any difficulties interfered with progress? Please detail any personal, technical, or other problems encountered by the candidate and how you have attempted to overcome these.

Please comment on the feasibility of the candidate's proposed timeline for completion.

What is the likely date of completion of the research program and submission of thesis?

Do you support this request for extension of candidature? Yes  No

Other comments:.....

Supervisor Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Postgraduate Coordinator / Head of Department Recommendations**

Do you support this request for extension of candidature?

Yes

No

Comments: .....  
.....  
.....  
.....

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Chair of the Board of Postgraduate Studies Decision (First and second requests for extension ONLY)**

Do you approve extension of candidature?

Yes

No

Comments: .....  
.....  
.....  
.....

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Board of Postgraduate Studies Decision (Third / further requests for extension ONLY)**

Date of BPGS meeting (month/year):

Did the BPGS approve extension of candidature?

Yes

No

Comments: .....  
.....  
.....  
.....

Signature \_\_\_\_\_

Date \_\_\_\_\_

(PG Manager on behalf of CBPGS)