

**Postgraduate Section  
Faculty of Science**

**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 fee exemption status.*

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)

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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: \_\_\_\_\_

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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 \_\_\_\_\_