



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: _____

Board of Postgraduate Research (where applicable) _____