

HDR Scholarships - Extension Request Application Form

Higher Degree by Research Students

- This form is for current HDR Scholarship holders who wish to apply for an extension to their existing scholarship. **Please submit this form at least 6 weeks BEFORE the current scholarship expires.**
- Retrospective extension (no more than 3 months after the current scholarship end date) may be considered at the discretion of the ADVC, Research Training. Students must demonstrate exceptional circumstances and provide a letter of support from the Supervisor for a late application.
- To determine if it is possible to apply for the extension, please check your Scholarship Letter of Offer and/or the Conditions of Award (CoA) in the first instance. PhD students may apply for a maximum extension of up to 6 months. No extensions are available for students enrolled in a Masters by Research.
- Prior to submitting this form, please ensure you have discussed your application for extension with your Supervisor as this form will not be processed without your Supervisor's support.
- **For international HDR students**, 100% of the course tuition fees will be deducted from the Enrolling Area Cost Centre for the tenure of the scholarship extension.
- Please return the completed form to the HDR Scholarships Office in the Graduate Research School at research_scholarships@curtin.edu.au. **NOTE:** *The processing timeline from receipt of this form to assessment by the ADVC-RT is approximately four weeks.*

1. ENROLMENT DETAILS

ID Number

Family Name

Given Name

Email

Course Title

(e.g. PhD – Public Health)

Name of Scholarship

(e.g. CIPRS/CSIRS/APA/CUPS)

Study Load

Full-time

Part-time

Scholarship Commencement Date

(DD/MM/YY)

Have you previously been awarded an extension?

Yes*

No

*If Yes, please specify the duration of the previous extension granted

(Number of months)

2. PLEASE SPECIFY REASONS/S FOR EXTENSION REQUEST

Student must demonstrate that he/she is making progress and that the grounds for extension are research related and beyond the control of the student. Personal reasons are not accepted for this purpose. Please outline the action plan to complete the thesis. *(Attach separate page if required)*

3. SUPPORTING STATEMENT FROM SUPERVISOR

As Supervisor, you are requested to provide a statement below supporting this application for the Extension Request. If the scholarship is supported by existing Research Grant/ External/ Faculty/Dept/School, please confirm that a stipend (living allowance) is available for the duration of the extension. *(Attach separate page if required)*

Are there funds available? Yes No

Source of Funding: Research Grant External Faculty/Dept/School

Debit Cost Centre:

Supervisor's Name:

Supervisor's Signature:

Date

I certify that the information supplied by me on this form is complete and true. I have read the relevant sections of the Conditions of Award for my scholarship. I have discussed this application with my Supervisor before submitting this request.

Student Name:

Student Signature:

Date