



## Graduate School

### EXTENSION TO CANDIDATURE FORM

- This form must be completed and emailed to the Graduate School [hdrexamination@scu.edu.au](mailto:hdrexamination@scu.edu.au)
- It's to be sent no later than 2 months BEFORE the normal term of candidature expires.
- An email from the candidate's SCU email address is considered equivalent to a signature.

**ATTENTION MAC USERS:** This form will be corrupted if opened in Preview.  
Please use Adobe Acrobat Reader to view and complete form.

#### SECTION A: APPLICANT DETAILS

##### PART 1: TO BE COMPLETED BY THE APPLICANT

Title: Family Name: Given Name:  
Student ID: Phone: Email:  
Address:

#### SECTION B: ENROLMENT DETAILS

Faculty:  
Enrolled in: Attendance type:  
Principal Supervisor Name:  
Other Supervisors Name:  
Do you hold a scholarship? N/A YES NO  
If YES, what is the scholarship?  
Candidature start date:  
Candidature end date:  
Extension sought until:

**SECTION C: REPORT ON PROGRESS**

Thesis topic:

Objectives of research:

Please indicate your progress in terms of the following Milestones:

Task	Anticipated Completion Date	Date Completed
First draft of literature review		
Ethics application approved (if applicable)		
Confirmation of Candidature		
Data collection/creative work		
Data analysis		
First draft of methods chapter		
First draft of results chapters (or equivalent)		
First draft of discussion/conclusion		
First draft of full thesis/exegesis		
Papers prepared/submitted for publication (if applicable)	1st:  2nd:  3rd:	1st:  2nd:  3rd:
Final draft of thesis/exegesis		
Submission of thesis		
Other milestones (specify)		

Have you submitted a current Progress Report? Yes  No

*If NO, the Dean, Graduate School may not consider this application for extension*

Please identify what exceptional circumstances have prevented your completion:

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To submit, send this form as an attachment to the Principal Supervisor to complete their section.*

**SECTION D: RECOMMENDATIONS**

**PART 2: TO BE COMPLETED BY THE PRINCIPAL SUPERVISOR**

Do you recommend the candidate's application for extension be granted? Yes  No

If YES, please provide a detailed justification for supporting the candidate's argument for exceptional circumstances:

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To submit, send this form as an attachment to the HOS to complete their section.*

**SECTION E: APPROVAL**

**PART 3: TO BE COMPLETED BY DIRECTOR HRDT (or if DHDRT is a Supervisor, by Associate Dean (Research))**

I recommend the student's extension request be granted

I do not recommend the student's extension request be granted

If you recommend granting the extension, please give your reasons for supporting the candidate's and supervisor's argument for exceptional circumstances:

DHDRT/AD(R) Signature: \_\_\_\_\_

Date: \_\_\_\_\_