

Application to extend a scholarship

For research degree students

Before completing this form please consult the guidelines for Application to extend a scholarship which can be found at: <u>https://i.unisa.edu.au/students/research-students/student-forms/</u>

Note: Where a scholarship is fully or partially externally funded, approval must be obtained from the external funding body and attached to this application. Extensions to externally funded scholarships cannot be processed without external funding approval for the specified extension dates on this form.

PART 1: PERSONAL DETAILS Student ID Image: Comparison of the state of the state

PART 2: EXTENSION DETAILS						
1	(i) Extensions can only granted for a maximum of 6 months					
Scholarship Name(s)		(1)				
		(2)				
Extens	ion period	Date From:		Date To:		
I will su	Ibmit my thesis f	for examination by	Date:			
Reasor	n for extension	Equipment failure				
		Delays in obtaining data				
		Delays in suppl	ly			
		Delays in obtaining ethics approval				
		Changes in supervision and project				
		COVID-19 impact				
		Other:				
Please s	Extension Details Please summarise the reasons for your extension request in less than 250 words. If further information is required for internal Academic Unit approvals, please attach an additional separate sheet.					

Please attach a sheet should space be required

PART 3: CHECKLIST & STUDENT DECLARATION

In signing this form I;

- Confirm I have read and understood the information on Application to extend a scholarship at:
- <u>https://i.unisa.edu.au/students/research-students/student-forms/</u>
- Have obtained and attached approval from my external funding body (*if applicable*)
- Have provided a detailed explanation, including timelines, of the ground for extension
- Understand that this request is provisional until I receive confirmation from Student and Academic Services (SAS)

Student Signature D	Date	
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PART 4: SUPERVISOR SUPPORT						
Exter	Extension to scholarship request supported?					
()	Please complete a detailed 'Progress Plan' with the student to detail how they will complete their thesis by the date nominated in PART 2					
Com	ments:					
Supe	rvisor Name					
Supe	rvisor signature				Date	

PART 5: RESEARCH DEGREE COORDINATOR						
Extension to scholarship request supported?						
Comments:						
RDC Name						
RDC Signature				Date		
PART 6: COST CENTRE	MANAGER SUPPOR	Т				
Scholarship Name (1)						
Extension to scholarship	request supported	🗌 Yes	🗌 No	□ N/A		
External funding approva	l obtained and attached	d 🗌 Yes	🗌 No	□ N/A		
Cost Centre						
Cost Centre Manager						
Cost Centre Manager signature				Date		
Scholarship Name (2)						
Extension to scholarship	request supported	☐ Yes	🗌 No	🗌 N/A		
External funding approva	l obtained and attached	d 🗌 Yes	🗌 No	🗌 N/A		
Cost Centre						
Cost Centre Manager						
Cost Centre Manager signature				Date		

PART 7: DEAN OF RESEARCH SUPPORT

•	In signing this form, I	certify that the	grounds for (extension have	e been satisfied

Comments:

Dean of Research (or delegate):		
Signature	Date	

Form Submission (staff use)

Please check this form to ensure:

- All relevant approvals have been obtained
- The student has completed and attached a detailed 'Progress Plan'
- External funding approval has been obtained and attached (where applicable)

Submit this form and all attachments to: Scholarships and Candidature team, Student and Academic Services (SAS) research.students@unisa.edu.au