

Notes about this Scholarship Extension: Please Read

If you are a PhD student and you have already received a 6-month scholarship extension or if you are a Masters by Research student whose research has been impacted by COVID-19 you may be eligible for an additional **Extraordinary COVID-19 Scholarship Extension**. University-funded scholarships are covered by this provision. Applications will need to demonstrate impact of COVID-19 on research progress, and there is a template [here](#) to help you provide that evidence. Before completing this form please consult the various FAQ's for an [Extraordinary COVID-19 scholarship extension](#).

If you have not previously applied for an extension to scholarship please visit the [Student Forms website](#) and complete an [Application to Extend Scholarship](#) form.

The University is unable to offer COVID-19 extensions for scholarships funded by external organisations, such as industry-funded scholarships or sponsored arrangements. Inquiries about extending those sorts of scholarship, if needed, will need to be discussed directly with your supervisory panel in the first instance.

Extraordinary COVID-19 Scholarship Extension will apply to the major award only. Any top-up or supplementary scholarship you receive will not be extended.

Applications should be submitted no sooner than 2 months prior to when needed, given the changing nature of the pandemic situation.

PART 1: PERSONAL DETAILS

| | |
|---------------|--|
| Student ID | |
| First Name | |
| Family Name | |
| Academic Unit | |
| Program | |

PART 2: EXTENSION DETAILS

| | | |
|---|------------|----------|
| Scholarship Name(s) | | |
| Extension period | Date From: | Date To: |
| I will submit my thesis for examination by | Date: | |
| I attach a Progress Plan to show my proposed work and timelines between now and thesis submission. | Yes | No |
| I have previously received a scholarship extension. | Yes | No |
| My research has been significantly delayed/impacted by COVID-19 and I attach a COVID-19 impact record . | Yes | No |

PART 3: CHECKLIST & STUDENT DECLARATION

In signing this form;

- I confirm I have read and understood the information relating to the Extraordinary COVID-19 Scholarship Extension on the [Coronavirus \(COVID-19\) updates](#).
- I have attached the COVID-19 Impact record and the Progress Plan.
- I am aware that I cannot claim the delays to my research resulting from COVID-19 presented here, towards any future scholarship extension application.
- I confirm I have not submitted a previous scholarship extension application with these reasons.
- I understand that this request is provisional until I receive notification from Student and Academic Services (SAS)

| | | | |
|-------------------|--|------|--|
| Student Signature | | Date | |
|-------------------|--|------|--|

PART 4: PRINCIPAL SUPERVISOR SUPPORT

- Please review the 'Progress Plan' with the student: this Plan should detail how they will complete their thesis by the date nominated in **PART 2**

| | | |
|---|------------------------------|-----------------------------|
| Extraordinary COVID-19 scholarship extension request supported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Statement of support: please complete

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| | | | |
|----------------------|--|------|--|
| Supervisor Name | | | |
| Supervisor signature | | Date | |

PART 5: RESEARCH DEGREE COORDINATOR SUPPORT

| | | |
|---|------------------------------|-----------------------------|
| Extraordinary COVID-19 scholarship extension request supported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Statement of support: please complete

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| RDC Name | | | |
| RDC Signature | | Date | |

PART 6: COST CENTRE MANAGER SUPPORT (Where scholarship is supported by Academic Unit including tuition fee waiver and living stipend eg USAPA/UPS etc)

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|-------------------------------------|---|------------------------|--|
| Scholarship Name (1) | | Cost Centre (1) | |
| Funding Amount from Cost Centre (%) | % | | |
| Cost Centre Manager | | | |
| Cost Centre Manager signature | | Date | |
| Scholarship Name (2) | | Cost Centre (2) | |
| Funding Amount from Cost Centre (%) | % | | |
| Cost Centre Manager | | | |
| Cost Centre Manager signature | | Date | |

PART 7: DEAN OF RESEARCH SUPPORT (OR DELEGATE)

- In signing this form I certify that I have reviewed the application, COVID-19 impact record, and Progress Plan, and that the criteria for extraordinary COVID-19 scholarship extension request have been satisfied.

Comments:

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Dean of Research (or delegate)
Name: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 and COVID-19 impact record.

Submit this form and all attachments to:

Scholarships and Candidature team, Student and Academic Services (SAS)

research.students@unisa.edu.au