If you have any questions regarding completion of this form, please contact Graduate Research School via email to [AskUNE](https://hdr.custhelp.com/app/ask).

**Approval for the requested extension of candidature must be obtained from your Principal Supervisor prior to lodging this form and documentation/evidence of support attached.**

If you are an **international student**, please discuss the impact of an extension of candidature on your visa eligibility with the [International Office](https://www.une.edu.au/current-students/support/international-students) prior to lodging this form.

*Required fields are marked with an asterisk (\*).*

Section 1: Candidate Details

|  |  |
| --- | --- |
| **Candidate Name\*** |  |
| **Student Number\*** |  |
| **Email Address (@myune.edu.au)\*** Staff emails will not be accepted. |  |
| **Degree\*** |  |
| **School/Enrolling Unit\*** |  |
| **Principal Supervisor’s Name\*** |  |
| **New Proposed Thesis Submission Date\***Day/Month/Year | Click or tap to enter a date. |

Section 2: Reason for Extension

|  |
| --- |
|[ ]  Illness, injury or other health condition |
|[ ]  Maternity/Parental/Family |
|[ ]  Travelling/holiday |
|[ ]  Employment, training or professional commitments |
|[ ]  Unforeseen research-related circumstances \*Details must be provided below |
|[ ]  Cultural custom/protocol\* Details of the Cultural Event must be provided below. |
|[ ]  Other reason(s) \*Details must be provided below |
| \*Details: |

|  |  |  |
| --- | --- | --- |
| **Is the applicant planning to leave Australia during the extension period?** | Yes |[ ]  No |[ ]

Section 3: Completion Plan

|  |  |
| --- | --- |
| **Targets and Milestones** | **Planned Timeframes**  |
|  |  |
|  |  |
|  |  |
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|  |  |

Section 4: Scholarship/Sponsorship Details

|  |
| --- |
| **Is the applicant in receipt of a Scholarship?** |
| Yes\* |[ ]  No |[ ]  \*Scholarship Name |  |
| **Sponsorship** |
| **Has the applicant received guarantee from the sponsor for the extension?** |
| Yes\* |[ ]  No |[ ]  \*Sponsorship Name |  |

Section 5: Candidate Certification

|  |
| --- |
| **Student Certification** - By signing below the following items are true: |
| **1.** | If applicable, a medical Certificate is included with this application. |
| **2.** | Supporting documentation has been provided. |
| **3.** | All information supplied in this form is complete and accurate.  |
|  |  |
| **HDR Candidate** |  |  | Click or tap to enter a date. |  |
|  | **Name** |  | **Date** |  |

The information provided on this application form is being collected to action your request for an extension to your HDR candidature. This information will be processed by the Graduate Research School. Information collected on this form will adhere to UNE’s Privacy Management Rule. Please visit [UNE's Privacy page](https://www.une.edu.au/privacy) for more information.

By submitting this form I declare that all information supplied is complete and accurate.