

EXTENSION OF SCHOLARSHIP PRIORITY REQUEST FORM



This form is to be used by HDR candidates whose research is affected by the COVID-19 (novel coronavirus) pandemic, to request an extension to a HDR Scholarship. For a request to be considered, it must be demonstrated how COVID-19 restrictions have materially adversely impacted your research. Please note that scholarship extensions are only given due to exceptional circumstances related to candidature and if funding is available.

If an extension of candidature is required, please also complete an [Extension of Candidature Form](#).

Section One is to be completed by the candidate, Section Two by the candidate's Principal Supervisor; Section Three must be completed by the relevant Head of School Nominee.

The Head of School Nominee is to forward the completed form to graduate-research@newcastle.edu.au for consideration by the Dean of Graduate Research.

SECTION ONE - COMPLETED BY THE CANDIDATE

CANDIDATE DETAILS

Family Name:

Given Name:

Student Number:

SCHOLARSHIP DETAILS

Scholarship Type:

Current End Date:

Requested
Extension period:

CANDIDATE CIRCUMSTANCES

Please outline how your research has been materially adversely impacted by COVID-19 restrictions:

Please outline the period of time that your research has been materially adversely impacted by COVID-19 restrictions, and the actions that you have taken to mitigate the impact to your research:

If you continued to receive your scholarship during the period of disruption, please outline what work you were able to carry out:

COMPLETION PLAN

The following Completion Plan must be completed by all candidates requesting a scholarship extension. It is to be determined in consultation with your supervisor and should focus on tasks not able to be completed within your original scholarship timeframe. (If you are requesting an extension of candidature in conjunction with this application, then you do not need to fill out this table as Graduate Research will refer to the completion plan from your extension of candidature form.)

Target Milestone	Planned Completion Date

Agreed date for submission of thesis:

Please sign this form using your Adobe Digital Signature. Click on the box below and follow the prompts. Email the completed form to your Principal Supervisor.

Candidate Signature:

Date:

SECTION TWO - COMPLETED BY THE PRINCIPAL SUPERVISOR

Supervisor Name:

Do you support this extension of scholarship request?

Yes

No

Do you currently contribute funding towards the scholarship?

Top-up

Stipend

N/A

Do you wish to extend existing stipend and/or top-up payments, if applicable?

Yes

No

Please provide details if funding is to continue at a different rate per annum and/or G Number.

Stipend rate per annum:

G Number*:

Top-up rate per annum:

G Number*:

*Note: Chief Investigator (CI) approval is required for grant funding

Please confirm how candidature has been materially adversely impacted by COVID-19 restrictions:

Estimated time affected (considering other work undertaken):

Recommended period of extension:

Signature:

Date:

SECTION THREE - COMPLETED BY THE HEAD OF SCHOOL NOMINEE

Head of School Nominee Name:

Do you support this extension of scholarship request?

Yes

No

If funding is through industry or grant funding, have you confirmed that funding is available to extend the scholarship?

Yes

No

Recommended period of extension:

Signature:

Date: