

# Office of Graduate Studies

## Extension of Scholarship Request



**This extension request requires the following action items completed to be processed:**

1. Section One is to be completed and signed by the candidate (including relevant attachments)
2. Section Two and Three are to be completed and signed the principal supervisor and Head of School
3. Form is to be returned to the Office of Graduate Studies at [researchscholarships@newcastle.edu.au](mailto:researchscholarships@newcastle.edu.au)

### SECTION 1 - Candidate

Candidate Number: \_\_\_\_\_

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Scholarship Type: \_\_\_\_\_

Current Termination Date: \_\_\_\_\_ Period of Extension Required: \_\_\_\_\_

### Reason for Extension

Please attach a separate statement indicating the reason for the request for extension.

**Note:** Reasons should include events that relate directly to research and are out of the control of the candidate.

### Completion Plan

Please attach a separate detailed completion plan including a timeline and expected submission date.

Have you provided all the necessary documentation to support this variation request? Yes No

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 – Supervisor

Do you support this request for extension of scholarship? Yes No

Do you currently contribute funding towards the scholarship? Stipend Supplementation N/A

Do you wish to extend existing stipend and/or supplementation payments, if applicable? Yes No

Please provide details if funding is to continue at a different rate per annum and/or cost collector:

Rate per annum: \_\_\_\_\_ Cost Collector: \_\_\_\_\_

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

Supporting Statement: \_\_\_\_\_

Recommended Period of Extension: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – Head of School/Nominee

Do you recommend this request for extension of scholarship? Yes No

Supporting Statement: \_\_\_\_\_

Recommended Period of Extension: \_\_\_\_\_ Head of School's Name: \_\_\_\_\_

Head of School's Signature: \_\_\_\_\_ Date: \_\_\_\_\_