

Application to Extend Higher Degree Research Scholarship

Information Sheet

Locked Bag 1797, Penrith NSW 2751

IMPORTANT INFORMATION

Please check your Conditions of Award to determine whether your scholarship provides for an extension.

Some doctoral scholarship holders may apply to extend the award by up to 6 months (26 weeks). The delay must be related to your study and beyond your control. You cannot apply for an extension if the delay is of a personal nature. You must apply for an extension well before the expiration date of the award. Payments will be suspended if the extension is not approved prior to the scholarship expiring. Please refer to your Conditions of Award document for specific entitlements.

LOGGING YOUR APPLICATION

Please return the application form together with supporting documents to:

Research Scholarship Development Officer
Office of Research Services
University of Western Sydney
Building K.1.37 Penrith Campus
Locked Bag 1797
Penrith NSW 2751

Fax: +61 2 4736 0013

Email: HDRscholarships@uws.edu.au

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1 – PERSONAL DETAILS

UWS Student Id Number

Are you and International student?

Yes

No

Daytime contact phone number

Title

Family Name

Given Names

2 – CURRENT PROGRAM AND SCHOLARSHIP DETAILS

I am enrolled in:

PhD

EdD

DBA

DCA

DCR

MD

M(Hons)

Attendance mode:

Full Time

Part Time

What School or Research Centre are you enrolled in?

Name of Principal Supervisor

Type of scholarship

Expiry date

3 – EXTENSION OF SCHOLARSHIP

I wish to apply to extend my scholarship for weeks.

Attach the following documents:

- A detailed statement outlining the circumstances which caused the delay and what action was taken to limit the impact on your timeline. The statement should clearly document all relevant circumstances and dates. You may be awarded additional tenure commensurate with the amount of time lost due to these delays, therefore you should quantify the amount of time lost (up to 26 weeks).
- A detailed timeline for completion, including a summary of work already completed and remaining work to be done.
- Relevant documentation to support your claim.

4 – DECLARATION AND SIGNATURE

I declare that all the information submitted is true and complete.

I authorise the University to verify any information provided by me, including academic records and employment details.

I understand that the University may reject my application if it finds any information provided in relation to my application to be incomplete, inaccurate or misleading.

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal), an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure.

I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

I agree to abide by the University of Western Sydney Act, the University of Western Sydney By-Law and the Rules and Policies of the University, as amended from time to time. I also agree that it is my responsibility to ensure that I review the By-Law, Rules and Policies of the University during my period of study as the most current rules are applied and may differ from the time of my initial enrolment. I understand I have access to these documents through the University website.

I have attached:

Statement explaining the delays

Supporting documentation

Timeline for completion

Applicant's signature

Date

5 - RECOMMENDATIONS

Principal Supervisor

Do you support this request? Yes No

Please comment on the circumstances that have delayed this project

Principal Supervisor Name

School/Research Centre

Signature

Date

Office of Research Services

Type of Scholarship:

Expiry date:

Does the award provide for an extension:

Yes No

Extension to be funded by:

Internal funds (School/Centre/College)

External:

Cost of extension:

\$

per fortnight

Comments

Head of School/Research Centre Director

I support this request and make the following recommendation:

The scholarship should be extended by weeks

The extension will be funded by the School/Research Centre from cost centre and project number

OR

The College have agreed to fund this extension

I DO NOT SUPPORT THIS REQUEST

Comments:

Name

School/Centre

Signature

Date

College

This application is:

Approved and will be funded from cost centre & project number:

Rejected

Comments:

Name

Signature

Date