



The University of Sydney
Postgraduate Section
Faculty of Arts
Phone: 9351 4807 (Research) & 9351 3240 (Coursework)
Fax: 9351 2045

APPLICATION FOR EXTENSION OF CANDIDATURE

If you are applying to extend the completion date for your candidature you must complete this form. Please obtain your Supervisor's and Head of Department's recommendation before you return the form to the Postgraduate Section, Faculty of Arts, University of Sydney, NSW 2006. **You can only apply for an extension during your last semester of candidature.** If you fail to extend your latest date of submission, your candidature will be considered as lapsed and may be deemed as failure to make satisfactory progress which could lead to termination of your candidature.

SECTION A: (To be completed by the Student)

NAME: _____ SID: _____

ADDRESS: _____

PHONE: (HOME) _____ (WORK) _____

DEGREE: _____ FT/PT STATUS: _____

SUPERVISOR: _____ DEPT/SCHOOL/CENTRE: _____

DATE OF COMMENCEMENT OF CANDIDATURE: _____

LATEST DATE OF COMPLETION: _____

PREVIOUS EXTENSIONS: _____ PREVIOUS SUSPENSIONS: _____

EXTENSION REQUESTED: One Semester Two Semesters

FROM: Semester One _____ Semester Two _____ (Specify Yr)

Reason For Request: _____

Work Completed At Present: _____

Detailed Timetable For Completion: _____

Signature: _____ Date: _____

YOU MUST ALSO OBTAIN THE RECOMMENDATION OF YOUR SUPERVISOR AND HEAD OF DEPARTMENT BEFORE RETURNING THIS FORM TO THE POSTGRADUATE SECTION, FACULTY OF ARTS, MAIN QUADRANGLE

SECTION B: (To be completed by Supervisor)

The request is Supported Not Supported

Comments: _____

Signature: _____ Date: _____

SECTION C: (To be completed by Head or P/G Coordinator of Department/School/Centre)

The request is Supported Not Supported

Comments: _____

Signature: _____ Date: _____

SECTION D: (To be completed by Faculty Administrative Staff)

Total Period of Previous Extensions: _____

Total Period of Previous Suspensions: _____

Current Request: _____

New Latest Date: _____

SECTION E: (To be completed by Associate Dean/Dean)

The request is Supported Not Supported

Associate-Dean/Dean's Signature: _____ Date: _____

Postgraduate Matters Committee (where applicable): _____

