



Application for extension of candidature form

This form should be submitted at least two months before the expiry of candidature.

Prior to proceeding with the request for extension of candidature, please refer to the **Procedure**.

If you are an international student, please discuss the impact of an extension of candidature on your visa eligibility with the Student Admin Office before lodging this form.

Please ensure that the form is fully completed and signed by all parties involved.

Once all signatures are obtained, send it to hdr@nd.edu.au.

SECTION 1: Completed by students

Name	
Student ID	
Program	
Faculty	
School	
Current submission semester	
Proposed submission semester	
Is this your first extension request?	☐ Yes ☐ No

Reason for requesting an extension of candidature

An extension is granted only in exceptional circumstances demonstrated in your progress review. If you are experiencing personal matters or significant professional responsibilities, you are encouraged to consider applying for a leave of absence.

If this is not your first request for an extension, it must include a detailed explanation outlining the reasons for the additional extension. Please provide information on your progress, outstanding tasks, and a clear plan for how the revised timeline will be met.

Please provide an explanation for your request.

Progress and proposed timeline to completion

Progress on thesis chapters

In consultation with your supervisor, provide a realistic timeline for completing all outstanding activities and milestones leading to thesis submission. Include anticipated completion dates for remaining thesis work, supervisor review and revisions, nomination of examiners, Faculty pre-submission requirements, and thesis submission. Customise the table as necessary.

Chapters	Completion date	Notes

Declaration

By signing this document, I declare that all information provided is true and complete. I understand that the maximum duration of candidature is 4 EFTSL for a Doctorate and 2 EFTSL for a Master's program. I acknowledge and understand that if I have reached, or subsequently reach, the maximum EFTSL for my program, I will be personally responsible for paying any applicable tuition fees associated with my continued enrolment.

Student name

Signature

Date

SECTION 2: Completed by the principal supervisor

Supervisor recommendation

☐

Support extension

☐

Do not support extension

Please provide any comments relevant to the assessment of this request.

Principal supervisor name

Signature

Date

SECTION 3: Associate Dean of Research (ADR) declaration

I confirm that I have reviewed the request, am satisfied with the accuracy of the information provided and support the extension.

ADR recommendation

☐

Support extension

☐

Do not support extension

Please provide any comments relevant to the assessment of this request. If the request is not supported, please communicate your decision to the student, supervisors and email a copy to or cc hdr@nd.edu.au.

ADR name

Signature

Date

Start

Consumed EFSTL

Supervisory team

Principal

Associate

External/Industry

Confirmation of candidature completion date

Previous progress review

☐ All satisfactory ☐ Have received unsatisfactory (provide details below)

Only if received unsatisfactory – list all semesters marked as unsatisfactory.
Year and semester

History of leave taken (including retroactive withdrawal)

Year and semester

Other issues not noted

HDR coordinator name

Signature Date

Decision

☐ Support extension

☐ Do not support extension

☐ Seek more information

Additional comments

PVCR name

Signature

Date