This form is for use by Higher Degree by Research (HDR) candidates who have been impacted by COVID-19, to apply for an extension to candidature and/or scholarship (if applicable).

You must read the **COVID-19 Guidelines for HDR Candidates** prior to completing this form.

**Instructions:**

1. Candidate completes **PART ONE** of this form and must include documentation to support the reasons for this application for extension. You may be asked to provide additional information if the details of your request are unclear.
2. Submit form to Primary Supervisor and the Associate Dean Research of your Faculty for endorsement.
3. Your Faculty ADR will progress your application through the relevant approval process.

Your request for an extension will be considered by a Sub-Committee of the University Research Committee on a case-by-case basis and is not guaranteed.

You will be provided a written notification on the outcome of your application for extension of candidature and/or scholarship.

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| **PART ONE – TO BE COMPLETED BY THE CANDIDATE** | | | | |
| Family name: |  | | Student ID: |  |
| Given name/s: |  | | Residency: | Domestic  International |
| Email address: |  | | | |
| Business hours phone number: |  | | | |
| Course code: |  | | Faculty: |  |
| Course name: |  | | Location: | Onshore (studying in Australia)  Offshore (studying overseas) |
| Current maximum submission date (as per RGrad): | | DD/MM/YYYY | Current enrolment load: | Full-time Part-time |
| Are you in receipt of a stipend scholarship? | | Yes No | Name of Scholarship: |  |
| Start date of scholarship: | | DD/MM/YYYY | End date of scholarship: | DD/MM/YYYY |
| **[INTERNATIONAL CANDIDATES]** | | | | |
| Are you in receipt of a tuition fee sponsorship, scholarship or remission? | | | | Yes No |
| Name of tuition-fee sponsorship/scholarship: | | |  | |
| End date of tuition fee support: | | DD/MM/YYYY | Visa type: |  |
| CoE end date: | | DD/MM/YYYY | Visa end date: | DD/MM/YYYY |

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| **PART ONE – CONTINUED** | | | | | |
| **EXTENSION DETAILS** | | | | | |
| Are you applying for extension to candidature? | Yes No | Are you applying for extension to stipend scholarship? | | | Yes No |
| Candidature extension period requested (weeks): |  | Scholarship extension period requested (weeks): | | |  |
| Proposed enrolment load during extension: | | | | Full-time Part-time | |
| Have you previously applied for leave/extension due to COVID-19? (select all applicable) | | | | | |
| Candidature extension  Scholarship extension  Leave | | | | | |
| Please provide details of any COVID-19 related leave taken: | | | DD/MM/YYYY to DD/MM/YYYY | | |
| **[INTERNATIONAL CANDIDATES]** | | | | | |
| Will you be residing outside Australia during the extension period? | | | | | Yes No |
| Have you taken appropriate steps to ensure the validity of your visa during the extension period?  International candidates must contact the ISSS team to discuss Visa requirements. | | | | | Yes No |

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| **EXPECTED PERIOD OF IMPACT** | | | | |
| Impact starting from date: | DD/MM/YYYY | Impact lasting until date: | | DD/MM/YYYY |
| **REQUIRED SUPPORTING DOCUMENTATION** | | | | |
| **Impact Statement:**  Provide a statement that details how COVID-19 has impacted your research, including details on the impacts on your research of, for example, travel restrictions, campus closure, lack of access to or loss of data, lack of access to resources or facilities, carer responsibilities or illness. Provide detail of measures implemented to date in response to COVID-19. | | | | Attached:  Yes  No |
| **Research Continuity Plan:**  Provide a research continuity plan; work with your supervisor to develop a research continuity plan that details how you will address delays detailed in your impact statement in the short and long term, and a revised timeline for completion of your research project.  Consider and document ways in which you can revise or reorder activities in your project to minimise the disruption to your research, and identify work that can be done productively in a remote environment, for example:   * Investigate alternate sources of data, including existing data sets * Collect data by virtual means rather than face-to-face * Work on literature review * Work on writing and revising chapters * Draft papers for publication and conferences * Undertake professional development with UC ReD program or elsewhere. | | | | Yes  No |
| Include any other relevant supporting evidence/documentation? E.g. medical certificate. | | | | Yes  No |
| Candidate signature: |  | | Date: | DD/MM/YYYY |

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| **PART TWO – TO BE COMPLETED BY PRIMARY SUPERVISOR** | | | |
| Primary Supervisor name: |  | Business Hours Phone number: |  |
| Faculty |  | | |
| Email address: |  | | |

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| **PRIMARY SUPERVISOR STATEMENT OF SUPPORT** | | | |
| Has the candidate completed all required milestones satisfactorily to date? | | | Yes  No |
| Do you support the enrolment load proposed for the extension to candidature? | | | Yes  No |
| Do you believe the length of the proposed extension period is appropriate? | | | Yes  No |
| Provide a statement of support for this application for extension to candidature, with reference to the Impact Statement and Research Continuity Plan provided by the candidate. | | | |
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| Primary Supervisor signature: |  | Date: |  |

Once **PART TWO** has been completed by the Primary Supervisor, this form and all supporting documentation must be sent to the Faculty Associate Dean Research (ADR).

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| **PART THREE – TO BE COMPLETED BY FACULTY ASSOCIATE DEAN RESEARCH** | | | | | |
| The Associate Dean Research (ADR) has considered the *COVID-19 HDR Candidature Extension* and all supporting documentation and has determined the following outcome: | | | | | |
| **CANDIDATURE EXTENSION** | | | | | |
|  | The candidature extension is endorsed for period requested in the application form | | | | |
|  | The candidature extension endorsed for an alternate period for reasons detailed below. | | | | |
| Recommended period of extension: | | DD/MM/YYYY to DD/MM/YYYY | | |
|  | The candidature extension is not endorsed, for reasons detailed below | | | | |
| **Reason/s for alternate period of extension or application not being approved:** | | | | | |
| **STIPEND SCHOLARSHIP EXTENSION** | | | | | |
|  | The stipend scholarship extension is endorsed for period requested in the application form | | | | |
|  | The stipend scholarship extension endorsed for an alternate period for reasons detailed below. | | | | |
| Recommended period of extension: | | DD/MM/YYYY to DD/MM/YYYY | | |
|  | The stipend scholarship extension is not endorsed, for reasons detailed below | | | | |
| **Reason/s for alternate period of extension or application not being approved:** | | | | | |
| ADR Name: | |  | | | |
| ADR Signature: | |  | | Date: |  |

Once **PART THREE** has been completed by the ADR, this form must be sent to **Graduate Research** via email ([graduateresearch@canberra.edu.au](mailto:graduateresearch@canberra.edu.au)) with all supporting documentation.

Graduate Research will submit the application to the Sub-Committee of University Research Committee (URC) for consideration.

For applications from international candidates, Graduate Research will send to International Student Support Service for consideration prior to submission to URC.

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| **PART FOUR – APPROVAL BY UNIVERSITY RESEARCH COMMITTEE** | |
| A Sub-Committee of the University Research Committee has considered the *COVID-19 HDR Extension* and all supporting documentation and has determined the following outcome. | |
| **CANDIDATURE EXTENSION** | |
| The candidature extension is APPROVED for the period: | DD/MM/YYYY to DD/MM/YYYY |
| OR The candidature extension is: | Not approved |
| **STIPEND SCHOLARSHIP EXTENSION** | |
| The stipend scholarship extension is APPROVED for the period: | DD/MM/YYYY to DD/MM/YYYY |
| OR The candidature extension is: | Not approved |

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| **CHAIR, UNIVERSITY RESEARCH COMMITTEE** | | | |
| Name: |  | | |
| Signature: |  | Date: |  |

Once a decision has been made by the URC Sub-Committee, Graduate Research will communicate the decision to the candidate and Faculty.