

Candidate Given

Name(s):

SECTION A: TO BE COMPLETED BY CANDIDATE

Application to Extend a Milestone Masters by Research and Doctoral Degrees

This form is to be completed for extensions to milestone 1 to 4.

Please submit your approved form and Progression Plan
via the Extension to Milestone 1, 2, 3 and 4 Submission Portal.

Student Number:			Schools / Teaching Area	:		
Course Level:						
International Student Visa I	Expiry Date:					
Milestone you are applying	to extend:					
				Total number of previous extensions to all milestones:		
Extension From (date):						
Extension To (date):						
Enrolment type:	Full Ti	ime		Part Time		
Lhove attached a convert	my Progression	Plan, which has been d				
Thave allached a copy of f	•		iscussed and ap	proved by my su	pervisor(s).	
I understand that if my exte	ension is approv		iscussed and app	proved by my su	upervisor(s).	
I understand that if my exte		/ed:			upervisor(s). ordance with section 4.6 of	
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Updated: 14 January 2025

Family

Name:

SECTION B: TO BE COMPLETED BY PRINCIPAL SUPERVISOR								
I confirm that all supervisors involved in the candidature support this application.								
To assist the Associate Dean Research in considering this application, you are requested to provide a comprehensive statement on the progress the candidate has made toward their research.								
SUPERVISOR NAME	SIGNATURE		DATE					
	212111112		21					
SECTION C: ENDORSEMENT BY ASSOCIATE DEAN RESEARCH (ADR)								
Extension to milestone approved	APPROVED NOT APPROVI		APPROVED					
Subject to the conditions set out below:								
Milestone extended to (date):								
initiation oxionada to (aato).								
imposione oxionada to (dato).								

Please submit your approved form and Progression Plan via the Extension to Milestone 1, 2, 3 and 4 Submission Portal.

Updated: 14 January 2025

SIGNATURE

DATE

ADR NAME