

Application to Extend Milestone 5 – Thesis Submission

**Masters by Research and Doctoral Degrees**

This form includes Progression Plan details (Section B) and must be completed for extensions to candidature.

**Please return the approved form to** **researchassessments@ecu.edu.au**.

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| **SECTION A: TO BE COMPLETED BY CANDIDATE** |
| Candidate Given Name(s): | Enter text here. | Family Name: | Enter text here. |
| Student Number: | Enter text here. | School: | Choose an item. |
| Course Level: | Choose an item. | Enrolment type: | Choose an item. |  |
| International Student Visa Expiry Date: | Click to select a date. |
| Number of previous extensions to Milestone 5: | Choose an item. | Total number of previous extensions to all milestones: | Choose an item. |
| Duration of extension (maximum of 6 months): | Choose an item.Other, please specify here. |
| I am a scholarship recipient and want to be considered for a scholarship extension (maximum of 6 months). |[ ]  Extension of Scholarship Tenure Revised End Date | Click to select a date. |
| **Please outline the reasons why the research has been delayed.** Enter text here. |
| **International Candidates:** I have discussed this application and its implications with a Student Success Officer in the Student Hub. |
| Enter text here. | A white square with a blue border  AI-generated content may be incorrect. | Click to select a date. |
| STUDENT SUCCESS OFFICER NAME | SIGNATURE | DATE OF MEETING |

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| **SECTION B: PROGRESSION PLAN DETAILS**This HDR Progression Plan must be completed by the research candidate in consultation with their Principal Supervisor. As per the [HDR Milestones and Progression Plan guidelines](https://intranet.ecu.edu.au/research/higher-degree-by-research/forms-policies-and-guidelines/), a request to extend a milestone must be supported by a proposed progression plan that is for the **duration of the extension requested**.  |
| **Goals to be achieved during this progression plan:** | **Due Date:** |
| **1.** | Enter text here. | Click to select a date. |
| **2.** | Enter text here. | Click to select a date. |
| **3.** | Enter text here. | Click to select a date. |
| **4.** | Enter text here. | Click to select a date. |
| **5.** | Enter text here. | Click to select a date. |
| **Dates you will meet with your Supervisor(s):** |
| **Date** | **Day** | **Time** | **Location** |
| Click to select a date. | Enter text here. | Enter text here. | Enter text here. |
| Click to select a date. | Enter text here. | Enter text here. | Enter text here. |
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| **SECTION C: CANDIDATE DECLARATION** |
| I understand that the extension is from the current milestone due date. I have completed Section B: Progression Plan Details, which has been discussed and approved by my supervisor(s). I understand that if my extension is approved, and if I do not submit within the extension period, I will be excluded from the course. |
| CANDIDATE SIGNATURE: |  | DATE: | Click to select a date. |

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| **SECTION D: 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. |
| Enter text here. |
| Enter text here. | A white square with a blue border  AI-generated content may be incorrect. | Click to select a date. |
| SUPERVISOR NAME | SIGNATURE | DATE |

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| **SECTION E: APPROVAL BY ASSOCIATE DEAN (RESEARCH)** |
| Extension to milestone approved | [ ]  APPROVED [ ]  NOT APPROVED |
| Subject to the conditions set out below: |
| Enter text here. |
| Enter text here. |  | Click to select a date. |
| ASSOCIATE DEAN (RESEARCH) NAME | SIGNATURE | DATE |

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| **SECTION F: TO BE COMPLETED BY THE RESEARCH ASSESSMENTS OFFICE** |
| Administrative encumbrance |[ ]
| Milestone updated in Callista |[ ]
| Candidature extension note added to CORPTS |[ ]