

Application for Extension of Honours/Minor Thesis Due Date: Pre and Post Examination

Only in exceptional circumstances beyond the student's control will an extension of thesis due date be granted.

The length of extension period is granted on a needs basis. The maximum length of extension period that can be granted will normally be four weeks after the due date of the thesis.

Applications for extensions to honours/minor thesis due date must be made formally by submitting a completed form to the Faculty.

Closing Date

Extension applications should be submitted as soon as it is realised that an extension is required and *no later than three working days before the due date* of the honours/minor thesis.

Eligibility

An extension will only be approved where research has been delayed by circumstances beyond the student's control.

The accepted causes are:

- acute illness – e.g. hospital admission, serious injury, severe asthma, severe anxiety or depression. Does not include minor illness such as a mild cold.
- loss or bereavement – e.g. death of close family member, family relationship breakdown.
- hardship/trauma – e.g. victim of crime, sudden loss of income or employment, severe disruption to domestic arrangements.
- Time lost due to well-documented major change in research direction
- Time lost due to change of supervision
- Time lost due to inadequate library or other resources
- Other legitimate causes not mentioned above

Supporting Documentation

Applications without adequate relevant supporting documentations will not be processed.

Supporting documentation must be provided at time of application and can include one or more of the following:

- Evidence provided by medical practitioners. Medical certificates must state the dates on which the student is or was unfit for work;
- Relevant evidence to support arguments as to why minor thesis progress has been delayed;
- An estimate of time lost due to delays;
- Details of experimental or other work still to be completed;
- Current stage of thesis preparation (e.g. number of chapters in final draft, point form, etc)

Further Extensions

Further extensions must be approved by the Associate Dean Education and will require submission of a new extension application. Fees may apply.

Privacy Statement

The information on this form is collected for the primary purpose of assessing extension applications. Other purposes of collection include: to decide the length of extension to be granted, monitor extension applications, send any necessary correspondence in relation to the application, and for the Board of Examiners to assess compliance with extension policies and procedures. The information on this form may be retained by the University for the duration of your enrolment.

If you choose not to complete all the questions on this form, it may not be possible for the Faculty to grant your application for an extension. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at privacyofficer@adm.monash.edu.au.

Section 1: To be completed by the student (Please place X in the appropriate boxes)

Student ID

Course Code:

Study Mode	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
Family Name	Title: _____	
Given Names	_____	
Mailing Address	_____	
Email Address	_____	
Telephone No	Home _____	Work _____

Period for which extension of due date is sought from _____ to _____

Grounds for application:

Applications without adequate relevant supporting documentations will not be processed (see page 1 for detail)

Please attach a separate sheet if necessary.

Declaration:

I declare that the information provided by me is **true and complete**. I acknowledge that Monash University reserves the right to confirm the information provided and may vary or reverse any decision regarding minor thesis extension on the basis of incorrect or incomplete information. I hereby give consent for the University to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for special consideration. I agree to provide a more specific consent to disclosure of the information should this be required by the organisation

Applicant's signature: _____ **Date:** _____

**UPON COMPLETION OF THIS SECTION THIS APPLICATION SHOULD BE FORWARDED TO YOUR SUPERVISOR
Please remember to attach all relevant documentation**

Section 2: To be completed by main supervisor

I **support** the student's application for the following reasons, subject to the conditions set out below:

To assist in considering this application you are requested to provide a comprehensive statement on the progress the student has thus far made toward his/her research:

Supervisor's name (please print): _____

Supervisor's signature: _____ Date: _____

Section 3: To be completed by Faculty

<input type="checkbox"/>	We support the student's application for the following reasons, subject to the conditions set out below:
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<input type="checkbox"/>	We do not support the student's application on the following grounds:
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Extension date by which thesis must be submitted: ____/____/____

Authorised approver name (please print): _____

Authorised approver signature: _____ Date: _____