**APPLICATION FOR EXTENSION OF THE FNU GS SCHOLARSHIP FORM**

Please ensure all supervisors and College Associate Dean Research approve the request for extension of the FNU GS Scholarship for Masters by Research and PhD.

**GUIDELINES**

1. Use this form to request for extension approval.
2. The GS Student will submit the completed form to the College and ADRs will submit endorsed forms from respective supervisors to Research Office (RO).

**APPLICATION**

Extension of the FNU GS Scholarship

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| 1. **STUDENT DETAILS** | | | |
| **Student Name:**  (Surname/First Name) | Click here to enter text. | **Student ID Number:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Programme Level:** | Masters by Research  PhD | | |
| **Month/Year of Enrolment:** | Click here to enter text. | | |
| **College:** | Click here to enter text. | | |
| **Thesis Title** | Click here to enter text. | | |
| **Principal Supervisor:** | Click here to enter text. | | |
| **Co-Supervisor** | Click here to enter text. | | |
| **Number of months extension required**  *(maximum period is 6 months)* | Click here to enter text. | | |

**TO BE COMPLETED BY GS STUDENT**

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| 1. **PLEASE EXPLAIN THE REASON FOR THIS EXTENSION REQUEST** |
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| 1. **HAS ALL RESEARCH DATA BEEN COLLECTED AND ANALYSED? IF NOT, PLEASE EXPLAIN WHY.** |
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| 1. **HAVE ANY CHAPTERS BEEN WRITTEN? HAS ANY WORK BEEN PUBLISHED?** |
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| 1. **WHAT IS THE ESTIMATED DATE AND PLAN FOR COMPLETION? PLEASE PROVIDE A PLAN AND TIMELINE FOR THE EXTENSION PERIOD.** |
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| 1. **CERTIFICATION BY THE CANDIDATE** | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request extension of my FNU GS Scholarship. | | | |
| **Candidates Signature:** | Click here to enter text. | Date: | Click here to enter a date. |

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| **Details** | **Principal Supervisor**  **(In consultation with Co-Supervisors)** |
| **Supervisor(s) Name:**  (Surname/First Name) | Click here to enter text. |
| **Supervisors Comments:**  *(Reasons for delay and a short report on the candidates’ progress to date. The supervisors should state that they have reviewed and agree/disagree with the scholar request and plan/timeline for the extension period)* | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter a date. |

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| **COLLEGE ASSOCIATE DEAN RESEARCH RECOMMENDATION** | |
| Click here to enter text. | |
| **CERTIFICATION BY THE COLLEGE ASSOCIATE DEAN RESEARCH** | |
| **Name**  **(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

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| **PRO VICE CHANCELLOR RESEARCH & INNOVATION RECOMMENDATION** | |
| Click here to enter text. | |
| **CERTIFICATION BY THE PRO VICE CHANCELLOR RESEARCH & INNOVATION** | |
| **Name**  **(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

**Completed form(s) are to be submitted to:**

ACIAR Graduate & Scholarship Officer [aciar-go@fnu.ac.fj](mailto:aciar-go@fnu.ac.fj)