

# GRADUATE COURSEWORK RESEARCH PROJECT EXTENSION FORM



MELBOURNE  
MEDICAL  
SCHOOL

To be submitted in support of Special Consideration application.

Please note extensions up to 2 weeks (10 weekdays) can be granted by the subject coordinator.

This form is for exceptional circumstances requiring longer extensions.

PLEASE BE AWARE THAT ANY EXTENSION AWARDED MAY IMPACT ON YOUR ELIGIBILITY TO GRADUATE ON TIME

## PART A: STUDENT *to complete*

### Personal details

Student name: \_\_\_\_\_ Student number: \_\_\_\_\_

University email: \_\_\_\_\_@student.unimelb.edu.au Phone: \_\_\_\_\_

Course: \_\_\_\_\_

### Subject details

Subject code: \_\_\_\_\_

Subject title: \_\_\_\_\_

Credit points: \_\_\_\_\_ Duration:  One semester  Year long

Subject coordinator: \_\_\_\_\_

Subject coordinator email: \_\_\_\_\_

### Research project details

Assessment due date: \_\_\_\_\_

Assessment title: \_\_\_\_\_

Project supervisor(s): \_\_\_\_\_

Supervisor email: \_\_\_\_\_

### Statement of circumstances impacting timely conduct and submission of research project

Please provide an outline of the circumstances impacting your ability to conduct your research project, and submit all assessment components prior to the due date. Include details of your efforts to obtain data/information, contact key persons, and analyse results in a timely manner, including correspondence with supervisor(s), and demonstrated efforts to overcome the circumstances you have described.

Please attach any relevant documentation supporting your statement (email correspondence etc.) with this form

Supporting documentation attached?  Yes  No



**PART B: PROJECT SUPERVISOR(S) to complete**

**Research project details**

Student name: \_\_\_\_\_

Student number: \_\_\_\_\_

Assessment title: \_\_\_\_\_

Project supervisor(s): \_\_\_\_\_

**Project supervisor endorsement**

I have read the attached statements made by the student  Yes  No

I confirm the accuracy of the statements regarding the circumstances described  Yes  No

I endorse the statements regarding impact on timely conduct and submission  Yes  No

I acknowledge that any potential extension will impact on the examination and result entry for this unit, and may have subsequent impacts on the student's ability to graduate in a timely manner  Yes  No

Please provide a brief statement assessing:

- the impact of the circumstances on the completion of this project, and;
- the importance of the delayed information to the student's final report, including the contribution of this material to the overall quality and completeness of the project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Suggested revised submission date**

Suggested revised submission date: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

ADMIN USE ONLY:

Received by:	Date:	<input type="checkbox"/> Uploaded to Special Consideration Application in ISIS	Extension Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Revised Submission Date: _____	<input type="checkbox"/> Outcome Sent & ISIS Updated