COURSEWORK THESIS EXTENSION REQUEST GS26
MASTER OF PSYCHOLOGY

THE UNIVERSITY OF MELBOURNE

This form should be completed by students in consultation with their supervisor(s) and submitted to the Professional Programs Officer, Psychology Office.

SECTION 1: TO BE COMPLETED BY THE STUDENT

MPsych Enrolment: Full-time ☐ Part-time ☐

Stream: ☐ Clinical ☐ Clinical Neuropsychology ☐ Child Clinical **Student No:** ☐☐☐☐☐☐☐☐☐

Subject Number and Title: ☐☐☐☐☐☐☐☐☐ _____

Number of Extensions to date: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Name: _____

Supervisor(s): _____

Current Official Submission Date: _____/_____/_____ **Extension Requested to:** _____/_____/_____

Reason (please attach supporting documentation where available e.g. medical certificates)**:** _____

_____

_____

_____

_____

☐ I acknowledge that I am liable for any fees associated with re-enrolment in the above listed subject.

You must attach a timeline showing step by step how you intend to use the extension to complete your thesis. Approval of the extension will be dependent on the timeline being realistic and achievable.

This extension request will NOT be considered without the timeline.

Student's Signature: _____ **Date:** _____/_____/_____

SECTION 2: TO BE COMPLETED BY THE SUPERVISOR(S)

Extension : ☐ **Supported:** ☐ **Not Supported:**

Comments: _____

_____

_____

Supervisor(s)	Signature(s)	Date
1.		
2.		
3.		
ONCE SIGNED BY THE SUPERVISOR(S), PLEASE SUBMIT TO THE PROFESSIONAL PROGRAMS OFFICER, PSYCHOLOGY OFFICE		
Course Convenor		
Professional Programs Convenor		