

COURSEWORK THESIS EXTENSION REQUEST GS 26

M. & D. PSYCH. & M.PSYCH/PhD



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

Course: Master of Psychology Doctor of Psychology M. Psych/PhD Enrolment: Full-time Part-time

Stream: Clinical Child Neuro Org/Ind Forensic Health Student No:

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): _____

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		
Course Convenor		
Professional Programs Convenor		
Research Convenor		

COPY TO Student Supervisor File

UPDATE Merlin DATE: ____/____/____