I wish to lodge an application for an extension to my thesis submission date. My details are as follows:

**LAST NAME:**

**FIRST NAME(S):**

**FLINDERS UNI STUDENT ID:**

**INTERNATIONAL STUDENT:**

**FLINDERS UNIVERSITY EMAIL:** @flinders.edu.au

**MOBILE PHONE:**

**PROGRAM:**

- [ ] HBSC - Bachelor of Science (Honours)
- [ ] HBSCMB - Bachelor of Science in Marine Biology (Honours)
- [ ] HBSCBC - BSc in Biodiversity & Conservation (Honours)
- [ ] HBTA - Bachelor of Technology (Aquaculture) (Honours)
- [ ] HBECOT - Bachelor of Ecotourism (Honours)
- [ ] HBA - Bachelor of Arts (Honours)

I am studying my Honours program on the following basis:

- [ ] Full-time
- [ ] Part-time

**SUPERVISOR(s):**

**THESIS SUBMISSION EXTENSION:**

Students should be aware that short periods (2 weeks or less) of illness or problems involved with experiments or sampling are expected to occur during the project, and extensions based on these factors will only be considered if they occur in the last four weeks before the thesis is due to be submitted. For longer breaks that interrupt research, the following extensions will be allocated:

(a) for interruptions in the weeks 1 to 12 – an extension of 1 day for each lost week nominally spent on research (taking account of the proportion of the enrolment that is in Research Project and the severity of the project change in cases involving a project change).

(b) for weeks 13 to 24 – an extension of 2 days for each lost week spent in research.

(c) for weeks 25 to 36 – an extension of 4 days for each lost week.

(d) for weeks 37 to 40 – an extension of 1 day for each lost day.

**LENGTH OF TIME REQUIRED FOR THESIS SUBMISSION EXTENSION:**

______ days ______ weeks ______ months

**ANTICIPATED THESIS SUBMISSION DATE:**

**IMPORTANT:** Before lodging this application in the School Office, you need to attach relevant supporting documentation, eg; letter from a health professional, counselling service, etc. You **MUST** also detail the reason for your request.

**REASON FOR REQUEST:** (this section **MUST be completed**)

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I have read and understood the guidelines as detailed above. I am aware that I am not entitled to extend my Thesis Submission unless I have received notification in writing (or via email) from the School of Biological Sciences to advise that my application has been approved. I have attached supporting documentation (if relevant) and outlined the reason for my request.

**STUDENT’S SIGNATURE:**

**DATE:** / / 

**PLEASE LODGE THE COMPLETED FORM & SUPPORTING DOCUMENTATION WITH THE BIOLOGICAL SCIENCES SCHOOL OFFICE-RM 201, BIOLOGICAL SCIENCES BLDG**

*(ie: **NOT** with the Honours Coordinator / **NOT** with the supervisors)*

**SCHOOL USE ONLY:**

- [ ] APPROVED
- [ ] NOT APPROVED

**NEW SUBMISSION DATE:**

**NEW FINAL SEMINAR DATE:**

**COMMENTS:**

**NAME OF ACTIONING OFFICER**

**SIGNED**

**DATE**

- [ ] Student/Supervisors/Assessors/viva chair advised
- [ ] Diarised by Program Coordinator