

Important Notes about this Scholarship Extension

You may apply for this scholarship extension if you meet the following criteria:

- You commenced your program before January 2022.
- Your research was impacted by COVID-19.
- You are in receipt of a University-funded scholarship.
- If you are a PhD student, you have already been granted a 6-month extension to your scholarship.

You will need to demonstrate the impact of COVID-19 on the progress of your research. Application does not guarantee approval.

If you are a PhD student and have not previously applied for an extension to scholarship, please visit the [Student Forms website](#) and complete an [Application to Extend Scholarship](#) form.

The University is unable to offer COVID-19 extensions for scholarships funded by external organisations, such as industry-funded scholarships or sponsored arrangements.

Extraordinary COVID-19 Scholarship Extension will apply to the major award only. Any top-up or supplementary scholarship you receive will not be extended.

You should submit your application no sooner than two months prior to the end of your current extension if you are a PhD student, or to the end of your candidature, if you are a Masters by Research student.

PART 1: PERSONAL DETAILS

| | |
|---------------|--|
| Student ID | |
| First Name | |
| Family Name | |
| Academic Unit | |
| Program | |

PART 2: EXTENSION DETAILS

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|--|------------|----------|
| Scholarship Name(s) | | |
| Extension period | Date From: | Date To: |
| I will submit my thesis for examination by | Date: | |
| I attach a Progress Plan to show my proposed work and timelines between now and thesis submission. | Yes | No |
| I have previously received a scholarship extension. | Yes | No |
| My research has been significantly delayed/impacted by COVID-19. | Yes | No |

PART 3: CHECKLIST & STUDENT DECLARATION

In signing this form;

- ☐ I confirm I have read and understood the information relating to the Extraordinary COVID-19 Scholarship Extension on the [Coronavirus \(COVID-19\) updates](#).
- ☐ I have attached a Progress Plan.
- ☐ I am aware that I cannot claim the delays to my research resulting from COVID-19 presented here, towards any future scholarship extension application.
- ☐ I confirm I have not submitted a previous scholarship extension application with these reasons.
- ☐ I understand that this request is provisional until I receive notification from Student and Academic Services (SAS)

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|-------------------|------------|------|--|
| Student Signature | AHMED MOSA | Date | |
|-------------------|------------|------|--|

PART 4: PRINCIPAL SUPERVISOR SUPPORT

- Please review the 'Progress Plan' with the student: this Plan should detail how they will complete their thesis by the date nominated in **PART 2**

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|---|------------------------------|-----------------------------|
| Extraordinary COVID-19 scholarship extension request supported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Statement of support: please complete

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|----------------------|--|------|--|
| Supervisor Name | | | |
| Supervisor signature | | Date | |

PART 5: RESEARCH DEGREE COORDINATOR SUPPORT

| | | |
|---|------------------------------|-----------------------------|
| Extraordinary COVID-19 scholarship extension request supported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Statement of support: please complete

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| | |
| RDC Name | |

| | | | |
|---|---|-----------------|--|
| RDC Signature | | Date | |
| PART 6: COST CENTRE MANAGER SUPPORT (Where scholarship is supported by Academic Unit including tuition fee waiver and living stipend eg USAPA/UPS etc) | | | |
| Scholarship Name (1) | | Cost Centre (1) | |
| Funding Amount from Cost Centre (%) | % | | |
| Cost Centre Manager | | | |
| Cost Centre Manager signature | | Date | |
| Scholarship Name (2) | | Cost Centre (2) | |
| Funding Amount from Cost Centre (%) | % | | |
| Cost Centre Manager | | | |
| Cost Centre Manager signature | | Date | |

| | | | |
|---|--|------|--|
| PART 7: DEAN OF RESEARCH SUPPORT (OR DELEGATE) | | | |
| <ul style="list-style-type: none"> In signing this form I certify that I have reviewed the application, COVID-19 impact record, and Progress Plan, and that the criteria for extraordinary COVID-19 scholarship extension request have been satisfied. | | | |
| Comments: | | | |
| | | | |
| Dean of Research (or delegate) Name: | | | |
| Dean of Research (or delegate) Signature: | | Date | |

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| Form Submission (staff use) |
| <p>Please check this form to ensure:</p> <ul style="list-style-type: none"> All relevant approvals have been obtained The student has completed and attached a detailed Progress Plan. <p>Submit this form and all attachments to: Research Student Services, Student and Academic Services (SAS) research.students@unisa.edu.au</p> |