If you have any questions regarding completion of this form, please contact Graduate Research School via email to [AskUNE](https://hdr.custhelp.com/app/ask).

**A support document from your Principal Supervisor, approving your change in enrolment status, must be obtained and attached to your application.**

*Required fields are marked with an asterisk (\*).*

Section 1: Candidate Details

|  |  |
| --- | --- |
| **Candidate Name\*** |  |
| **Student Number\*** |  |
| **Email Address (@myune.edu.au)\*** Staff emails will not be accepted. |  |
| **Degree\*** |  |
| **School/Enrolling Unit\*** |  |
| **Principal Supervisor’s Name\*** |  |

Section 2: Change Requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I wish to change my attendance status\* | Yes\*\* |  | No |  |
| \*\*If yes, select one option | Full-time |  | Part-time |  |
| I wish to change my attendance mode\* | Yes\*\* |  | No |  |
| \*\*If yes, select one option | Online |  | On-campus |  |

|  |  |
| --- | --- |
| **Effective date of change\***  Day/Month/Year | Click or tap to enter a date. |

|  |
| --- |
| Reasons for the proposed change(s) |

Section 3: Scholarship/Sponsorship Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is the applicant in receipt of a Scholarship?** If you are a scholarship holder approval to change your attendance status to part-time will only be given in acceptable circumstances. Please attach a separate sheet outlining reasons for your proposed change. | | | | | |
| Yes\* |  | No |  | \*Scholarship Name |  |

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The information provided on this application form is being collected to action your request for an extension to your HDR candidature. This information will be processed by the Graduate Research School. Information collected on this form will adhere to UNE’s Privacy Management Rule. Please visit [UNE's Privacy page](https://www.une.edu.au/privacy) for more information.

By submitting this form I declare that all information supplied is complete and accurate.