

## Minor Thesis Extension Form

**Personal Details**

Student ID	Date of Birth DD/MM/YY
<input type="text"/>	<input type="text"/>
Family Name	
Given Names	
Are you an International Student? ( <i>Australian Campuses Only</i> ) Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Course Details**

Course Title	
Course Code	Campus
<input type="text"/>	<input type="text"/>

Postal Address	Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number & Street	
Suburb	Phone (AH)
State	Phone (BH)
Postcode	Facsimile
Country	Email:

**Thesis Title** (*if your thesis title has changed since your original application please indicate the new title of your thesis*)


**Thesis Extension Details:**

Semester seeking thesis extension for (please tick appropriate box)

Semester 1       Semester 2      Year \_\_\_\_\_

Reason for Extension:

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Candidate's Signature:	Date:
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**Supervisor's Support (to be completed by the supervisor)**

*Students applying for extensions are required to seek a statement in support of the extension from their supervisor.*

Supervisor's statement of support for the extension

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Supervisor's Name:	Signature:	Date:
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Thesis Enrolment <i>(Please tick the thesis units you will be enrolling in)</i>		
<b>M. Ed Students</b>		
<input type="checkbox"/> EDF6033 (1 <sup>st</sup> Extension)	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
<input type="checkbox"/> EDF6034 (2 <sup>nd</sup> Extension)	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
<b>M. Psych Students</b>		
<input type="checkbox"/> EDF6537 (1 <sup>st</sup> Extension)	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
<input type="checkbox"/> EDF6538 (2 <sup>nd</sup> Extension)	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2

Other Unit Enrolment <i>(If applicable, please indicate other units you will be enrolling in whilst undertaking the minor thesis)</i>		
<b>M. Ed Students</b>		
<input type="checkbox"/> EDF _ _ _ _ _	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
<b>M. Psych Students</b>		
<input type="checkbox"/> EDF _ _ _ _ _	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2

Office Use Only	
<input type="checkbox"/> Unit enrolled on Callista	
Signature of Administrative Officer:	Date:

*The information on this form is collected for the primary purpose of assessing your application for extension of your minor thesis. Other purposes of collection include the creation of a record on the student database, attending to administrative matters, corresponding with you and statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for the Faculty of Education to assess your application. Personal information may also be disclosed to the education institutions or your employer(s) to make an informed decision about the application or matters that concern the student's enrolment at Monash. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.*