Advanced Medical Science
Faculty of Medicine, Dentistry & Health Sciences
THE UNIVERSITY OF MELBOURNE

Request for extension

AMS Research Report Submission

Completed forms should be submitted by either the student or the project supervisor to:
AMS Administrator, Medical Education Unit, Faculty of Medicine, Dentistry & Health Sciences, THE UNIVERSITY OF MELBOURNE VIC 3010 AUSTRALIA. Fax: +61 3 8344 0188. This application will be reviewed by the AMS Coordinator and forwarded to the Dean, Faculty of Medicine, Dentistry, & Health Sciences. Students will be advised of the success of their application.

PLEASE NOTE THAT EXTENSIONS WILL ONLY BE GRANTED IN VERY SPECIAL CIRCUMSTANCES.

SECTION A: Student Details

Student ID: ----------
Student Name: ----------
Postal Address: ----------

Home Phone: ---------- Mobile Phone: ----------

SECTION B: Student's Comments

Reason for requesting extension. Include as much detail as possible, including an estimate of time lost, and any steps you've taken to rectify the problem. Please also indicate the anticipated completion date of the research report. Staple an additional sheet to this form, if necessary.

SECTION C: Supervisor's Comments

Please provide us with a brief summary of the student's progress to date. Include in this summary when the student alerted you about their concerns, any steps you took to assist, and whether you anticipate completion of the report by the due date. Staple an additional sheet to this form, if necessary.

SECTION D: Signatures

AMS PROJECT SUPERVISOR

NAME: ----------

PHONE NUMBER: ----------

SIGNATURE: ----------

DATE: ----------

STUDENT

NAME: ----------

SIGNATURE: ----------

DATE: ----------

SECTION E: AMS Coordinator's Comments (office use only)

Dean's decision: ----------