Tenured Study Space
Request for extension

INFORMATION PRIVACY
Information provided by students on this form is stored securely and released only to the Graduate Centre staff involved with allocation and administration of Tenured Study Spaces. The Graduate Centre is bound by the University’s privacy statement, which is available at the Melbourne School of Graduate Research office or can be viewed at http://www.unimelb.edu.au/governance/compliance/privacy/studentinfo

The 2017 deadlines for receipt of Tenured Study Space applications at GSA Reception are as follows: 
Jan 26, Feb 23, Mar 23, Apr 20, May 18, Jun 22, Jul 20, Aug 17, Sep 21, Oct 19, Nov 16.

PERSONAL DETAILS
Student No.: ___________________________  Tenured Study Space Room No.: _________
Family Name: ___________________________  Given Name(s): ___________________________

If your email, telephone number or address has changed since last application. Please enter in the box below.

Address: ____________________________________________________________
Email: _____________________________________________________________
Mobile: _____________________________________________________________

COURSE DETAILS
Name of course: ____________________________________________  Year of Study: _________
(for example: Master of Applied Finance, Master of Music, PhD, etc)
School / Department: ___________________________  Faculty: ___________________________
Expected Completion Date: ____ / ____ / _________  Enrolment: ☐ Full-time  ☐ Part-time
Completion Date on your Statement of Enrolment: ____ / ____ / _________

Requesting Extension for: _____ month(s).
Note: PhD students may apply for an extension of 6 months. Master students may apply for 3 months. No second extensions are granted.

If the date that you expect to complete your degree is different to that of the completion date on your Statement of Enrolment please explain why. (attach a letter if more space is needed)

If this application was unsuccessful, would you have access to other study space at the University (for example, a Departmental desk)?  ☐ YES  ☐ NO

If yes, please describe type of space and specify location: ____________________________________________
SUPPORTING STATEMENT

Please attach a copy of your current Statement of Enrolment and provide a supporting statement.

Below or attached as a separate sheet, please provide ALL details about why you wish to extend your use of the Study Space. Our decision is based on the information provided in this statement only – not that provided in your original application.

Please ensure your supporting statement details:

- How continuing to occupy the Tenured Study Space is important to the completion of your degree or diploma;
- What types of study the Tenured Study Space will be used for;
- Any particular needs which you wish the Tenured Study Space Allocation Committee to take into account when considering your application (for example cultural/religious requirements, physical conditions); and
- Any information that could affect which Study Space you are assigned, particularly anything that may affect your capacity to vacate the building in an emergency. (All Tenured Study Spaces except one are located on the first floor of the Graduate Centre. The ground floor Tenured Study Space has been customized for students with physical disabilities. Certain Study Space rooms are less suitable for certain students – for example, those who find it difficult to climb stairs or who have a hearing impairment).

DECLARATIONS

Applicant

I, the undersigned, agree to comply with all university policies relating to the use of study facilities and will notify the Graduate Student Association of any changes to my enrolment status and Tenured Study Space.

Signature: _________________________________  Date: ___ / ___ / ______

Head of Department / Supervisor

I, the undersigned, agree that to the best of my knowledge that the above student requires Tenured Study Space on campus and does not have access to adequate study space in my Department.

Name: _______________________________________  Telephone: ____________________________

Position:  □ Head of Department  □ Supervisor  □ Other (please specify) ______________________

Signature: _________________________________  Date: ___ / ___ / ______