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| --- |
| **post graduate EXTENSION APPLICATION FORM** |
| **NAME OF APPLICANT**: |
| Address: |
|  |
|  |
| Phone: |
| Fax: |
| Email: |
| **NAME OF INSTITUTE:** |
| Contact Person: |
| Position: |
| Postal Address: |
| Postcode: |
|  |
| Phone: |
| Fax: |
| Email: |
| **project supervisor:** |
| Position: |

|  |
| --- |
| **Project Details** |
| **Project title:** |
| **STATUS OF PROJECT:**  . |
| **REASON FOR EXTENSION REQUEST:** |

**Extension Budget**

\* Please note the Pork CRC contribution is a fixed sum for a maximum of 6 months.

|  |
| --- |
| Expenditure Item |
|  |  |
| Salary/stipend expenditure/extension |  |
| Duration (Maxium six months) |  |
| Amount $ |  |
| **Contribution from Pork CRC** |  |

### Supervisor’s assessment

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| **CERTIFICATION BY SUPERVISOR** |
| I RECOMMEND that the applicant, , be granted an extension for a period of  **months** |
|  |
| *\*Signature Name* |
|  |
|  |
| *Date Position* |
|  |
| (\* *Must be signed by the supervisor)* |

\*\* Please note that the granting of Extension requests is not guaranteed and all applications will be put forward to the Education Committee for a recommendation. Limited funds are available for Extensions and each case will be granted on its merits and return to the CRC program.