

*Indonesia Endowment  
 Fund for Education*

Scholarship Extension Form

**PART A – to be completed by the Student**

1. **STUDENT DETAILS**
2. **SUPPORTING DOCUMENTS**

|  |  |
| --- | --- |
| Name |  |
| Scholarship ID Number |  |
| Department/School |  |
| University |  |
| Start date-End date of Scholarship (based on LoA) |  |
| Proposed Start date-End date of Scholarship |  |

I wish to apply for an extension of my scholarship for a further period of ………….. months with the following reasons:

I have included with my application\*:

* LoA/CoE which stated the extension period
* Latest transcript (optional for PhD)
* Official information from university related to COVID-19 pandemic and the effect to the study progress of the student
* A timeline detailing milestones achieved from the start of the study until now and a timeline detailing remaining tasks requiring completion in the required extension period
* Medical check-up result if the student is experiencing COVID-19 symptoms which requires care/treatment in the long run

(Without all of these documents your extension request cannot be processed)

\*please check all that apply

1. **STUDENT DECLARATION**

I declare that all information included and attached with this application is complete and correct. I understand that deliberate inaccuracies and omissions may result in non-acceptance of this application and/or cancellation of scholarship at any time.

|  |  |  |
| --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign here** | **\_\_\_\_\_\_\_**  **Date** |

**PART B – to be completed by the Supervisor**

1. **SUPERVISOR APPROVALS**

Do you support the students’s request? Yes No

**Principal supervisor endorsement:**

**Reasons for student requiring extension:**

**Factors which were beyond the control of the student:**

**Actions taken by the School/Department/University to help minimize the delay:**

**Other comments/suggestions:**In order to complete the program, this student is required to complete\*:

1. **REQUIREMENT FOR THE DEGREE**

* Thesis
* Journal Publication

Status: Accepted………(article), Published………..(article)

* National Conference/International Conference
* Internship
* Other (please specify): ……………………..

\*please check all that apply

Expected date of graduation: ……………………...

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **(Student’s Name)**

**Supervisor approval:**

|  |  |  |
| --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Supervisor’s name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign here** | **\_\_\_\_\_\_\_**  **Date** |