**THE UNIVERSITY OF MELBOURNE**

**Researcher Development Schemes**

Please send queries and completed forms to [res-devschemes@unimelb.edu.au](mailto:res-devschemes@unimelb.edu.au).

# Variation Request Form

**Funding Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Chief Investigator Title, Full Name |  | | |
| Funding Program | *YYYY Program Name* | | |
| Academic Division |  | School/Department |  |
| Themis Agreements # |  | E-mail |  |
| Details of any previous variations |  | Detail of any external collaborators and/or research agreements |  |
| Summary of progress to date |  | | | |

**Variation Types** *(fill one or both)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Extension**  *Please refer to the guidelines for restrictions on extensions (normally a maximum of 6 months). Extensions should be submitted at least one month prior to the original end date.* | | | |
| Current Project End Date |  | Proposed Project End Date |  |

|  |  |
| --- | --- |
| **Budget/Other**  *Minor changes sometimes do not require a variation; check with the research office if you are unsure.* | |
| Explanation of variation requested |  |

**Justification of request**

|  |
| --- |
| Please include details regarding the exceptional circumstances which justify your project extension request or other variation type, along with other relevant details such as the amount of funding remaining for the project and proposed use of any additional time. |
|  |

**Authorisation**

Physical signature optional - please have your HoD confirm their support for this Variation Request via email and include their response when you submit this form. This Variation Request Form is received by RIC on behalf of Chancellery (Research) and will be submitted to the relevant Pro Vice-Chancellor for review.