

SHOW CAUSE FOR UNDERGRADUATE SCHOLARSHIP

Scholarships & Prizes Office, K01 Mackie Building, The University of Sydney, NSW 2006
Telephone: + 61 2 9351 2717 Fax: + 61 2 9351 5134 E-mail: scholarships@careers.usyd.edu.au

Please complete this form and return it to Scholarships & Prizes Office. **Please print clearly.**

Student No.: _____
Title: _____ Surname: _____ Other Names: _____
Address for correspondence: _____
E-mail: _____ Telephone number/s: _____
Faculty: _____
Degree: _____
Name of Scholarship/s: _____
Please state the reasons and or circumstances you feel have lead to your low AAM last semester/year (please attach a separate sheet if necessary): _____ _____ _____
Please state the action you have taken to address the circumstances outlined above in order to improve marks in the future (please attach separate sheet if necessary): _____ _____ _____
PLEASE ATTACH ANY RELEVANT DOCUMENTATION (E.G. MEDICAL CERTIFICATES ETC) TO SUPPORT YOUR REASON STATED ABOVE
Signed (Scholarship holder): _____ Date: ____/____/____

Office use only

I recommend continuation / discontinuation of the scholarship (please delete as appropriate). _____ _____
I recommend continuation of the scholarship subject to meeting the following condition(s): _____ _____ _____
Signed (Dean of Faculty): _____
Date: ____/____/____