

APPLICATION FOR SUSPENSION OF UNDERGRADUATE SCHOLARSHIP

Scholarships & Prizes Office, K01 Mackie Building, The University of Sydney, NSW 2006
Telephone: + 61 2 9351 2717 Fax: + 61 2 9036 7879 E-mail: scholarships.reception@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: _____
Suspension period: from ____ / ____ / ____ to ____ / ____ / ____ Duration: _____
Reason/s: _____ _____
PLEASE ATTACH ANY RELEVANT DOCUMENTATION (E.G. MEDICAL CERTIFICATES ETC) TO SUPPORT YOUR REASON STATED ABOVE
Signed (Scholarship holder): _____ Date: ____/____/____

Please note, this form is for suspension of your scholarship only. Please contact your Faculty directly to request approval to suspend your candidature.

Office use only

I recommend approval of this suspension:
Signed: _____
Date: ____/____/____
Entered in FlexSIS: ____/____/____
Due to recommence: ____/____/____
Recommencement Confirmed Date: ____/____/____