



The University of Sydney

Scholarships and Prizes Office

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W: www.usyd.edu.au/scholarships

APPLICATION FOR SUSPENSION OF UNDERGRADUATE SCHOLARSHIP

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/don't recommend approval of this suspension

Signed: _____

Date: _____

Entered in FlexSIS: _____ Confirmation letter sent: _____

Due to recommence: _____ Recommencement Confirmed: _____

End date of Scholarship _____