

## Faculty of Science



## spension and Discontinuation

<u>Applicatio</u>	n for Suspension and I	<u>Discontinuat</u>	ion		
I wish to apply for:	☐ Suspension of Candid	dature 🗖 D	iscontinuation of C	Candidature	(tick as appropriate)
	Requests to vary candidature mor changes to Semester 1 or the				
Please obtain your Sup	ervisor's and Head of Departmer	nt's recommendati	on before you returr	the form to	the Faculty of Science.
Coursework students	will be withdrawn from Units	of Study upon s	ubmission of this t	form to the F	aculty Office.
Scholarship Holders: periods of absence.	Research students holding a s	scholarship shoul	d note that they mi	ust notify the	Scholarships Office of any
International Office is restudies, either as a Sumedical or extenuating permit you to retain please contact the clossuspending your studies compliance@io.usyd.ed the IO when your requestorm.	s: As full-time study is a require equired to notify the Department spension or as a Total Disconting compassionate reasons, a your student visa. If you intensest DIMA office (131 881) to mises for any other reason you du.au if you need further advice est has been assessed. PLEAS completed by the candidate	t of Immigration and nuation. If you are not you can provide leaving Austral nake an appointmular will need to a as to how your Step NOTE: this material numbers.	nd Multicultural Affa e applying for a S vide appropriate s ia during the period ent to confirm your apply for another uspension will affect	irs (DIMA) wi suspension f supporting of that you hat visa status prisa to result visa to result your studen	thin 14 days of your ceasing for one semester for either documentation, DIMA may are suspended your studies, prior to departing. If you are ume studies. Please email t visa. The Faculty will notify
SECTION A. (to be t	completed by the candidate	)		_	_
Degree:		Current At	tendance Status:	☐ Full-tim	ne or 🔲 Part-time
SID:		Student Status:	☐ Local	or	☐ International
Title: Family	Name:		Given Name:		
Street Address:					
Suburb:	·	State:		Postcode	:
Phone: (Work)	(Home)		Email:		
School:					
	completed by candidates ap			didatura)	
SECTION B. (to be t	—	ppryning for a su	spension or can	iluature)	
Length of suspension			Semesters		
	uspension (semester, year):		ecommencement o	f Study (sem	nester, year):
SECTION C: (to be o	completed by the candidate				
Reason for Request:					
					•
Signature:		Da	ate:		

Γhe request is	☐ Supported	■ Not Supported	(tick as appropriate)			
Comments:						
Signature:		Date:				
		FORM IN PERSON, VIA MAIL, OR F	FAX TO:			
Postgraduate S Faculty of Scien		Faculty Of Science Cour Mon to Thurs: 10am-4pm	nter Hours:			
Carslaw Buildin		Friday: 10am-1pm				
University of Sy	dney NSW 2006					
		<b>Telephone</b> +61 2 9351 3021				
			eu.au			
SECTION E: (to be co	ompleted by Associate De	an/Dean)				
The request is	☐ Supported	■ Not Supported	(tick as appropriate)			
Comments:						
Signature:		Date:				