Research Students
Application for Suspension, Absence, Time Away and Complete Away

☐ Suspension of Candidature  ☐ Completing Away
☐ Leave of Absence (less than a semester)  ☐ Counting Time Away

NB: Suspensions are granted in semester blocks. Leave of absence is granted for less than a full semester. If you are applying for a suspension you must return this form to the Student Services Centre no later than the 31 March for semester one or 31 August for semester 2 suspensions. Applications past these dates will adversely affect your HECS exemption scholarship. Please note that you must advise the Student Services Centre that you wish to recommence your candidature at least one month prior to the start of semester.

Section A: (to be completed by the candidate)

Name:  SID:
Address:  Phone 1:
Phone 2:
Email:
Student status:  ☐ Local  ☐ International
Degree:  ☐ PhD  ☐ MPhil
Attendance:  ☐ Full time  ☐ Part time

Supervisor:  Associate Supervisor:

Section B: (to be completed by candidates applying for a suspension, leave of absence or permission to count time away)

Suspension: (tick as required)  ☐ One semester  ☐ Two semesters
Suspension commencing: (Date) _______________________

Leave of Absence:
From:_________________ to:_______________________

Count time away: (tick as required)  ☐ One semester  ☐ Two semesters  ☐ Other _____________

Supervision arrangements whilst away:

Reason for request:

over../2
Section C: (to be completed by candidates applying for permission to complete away only – attach additional information if necessary)

Work already completed (at time of application):

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Detailed timetable for completion:

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Student Signature: ———— Date ———-/———/———

Section D: (to be completed by the Supervisor)

Comment on the candidate’s request. If the candidate is requesting permission to count time away or to complete away, specify the arrangements being made to ensure adequate supervision during the relevant period.

The request is: ☐ Supported ☐ Not supported

Comments:

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Signature: ___________________________ Date: ____________

Section E: (to be completed by the Head of School)

The request is: ☐ Supported ☐ Not supported

Comments:

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Signature: ___________________________ Date: ____________

Please forward to the Student Services Centre, Level 4, Wilkinson Building.

Section F: (to be completed by Student Services Centre)

Total semesters of previous suspensions:

New completion dates: Earliest: ___________________________ Latest: ___________________________

Suspension/ Leave of Absence approved from: ___________________________ to: ___________________________

Permission to count time away from: ___________________________ to: ___________________________

Permission to complete away granted from: ___________________________ to: ___________________________

Associate Dean’s/ Dean’s Decision:

Approved/ Not Approved Signature & date: ___________________________

Board of Graduate Studies (where applicable):