



APPLICATION FOR RECOMMENCEMENT / FURTHER SUSPENSION OR DISCONTINUATION

POSTGRADUATE RESEARCH AND COURSEWORK STUDENTS

Recommencement of Candidature **Request for Further Suspension** **Discontinuation**

This form must be completed and returned to the Student Administration Centre before November 30 for semester one or before May 31 for semester two. Enrolments are in February and July respectively.

If you do not intend to recommence but instead require a further suspension or discontinuation of your candidature, you must also complete this form. Where the cumulative total of suspensions exceeds two semesters your request may be referred to the Graduate Studies Committee, which may decide that your candidature should be discontinued.

If your candidature is discontinued or has lapsed, you will need to apply for re-admission when you wish to resume candidature.

SECTION A: (To be completed by the student)

Name: _____ SID: _____

Address: _____

Postcode: _____

Phone (Day): _____ (Mobile): _____

Email: _____

Degree: _____ Principal Study: _____

Full-time/Part-time: _____ Supervisor/Course Coordinator: _____

Commencement Date: _____ Latest Completion Date: _____

RECOMMENCEMENT: I intend to recommence candidature at the beginning of:

Semester One _____ (Yr) Semester Two _____ (Yr)

OR

FURTHER SUSPENSION: I request a further suspension of candidature for:

One Semester Two Semesters

Reason for Request: _____

OR

DISCONTINUATION: I wish to discontinue my candidature

Signature: _____ Date: _____

NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN ALL NECESSARY SIGNATURES BEFORE SUBMITTING THIS FORM TO STUDENT ADMINISTRATION

SECTION B: (To be completed by Supervisor/Course Coordinator)

The request is: Supported Not Supported

Comments: _____

Signature: _____ Date: _____

SECTION C: (To be completed by Chair of Unit)

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ Date: _____

SECTION D: (To be completed by Associate Dean)

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ Date: _____

**PLEASE FORWARD THIS FORM TO THE STUDENT ADMINISTRATION OFFICE
SYDNEY CONSERVATORIUM OF MUSIC, UNIVERSITY OF SYDNEY NSW 2006**

SECTION E: (To be completed by Faculty Office)

RECOMMENCEMENT:

Re-entry audition scheduled (if applicable): _____ Date: _____

Enrolment form ordered by: _____ Date: _____

Student advised of enrolment date: _____ Date: _____

FURTHER SUSPENSION:

Total Period Of Previous Suspensions: _____

Further Suspension Approved: _____

New Completion Dates: Earliest: _____ Latest Date: _____

Letter sent to student by: _____ Date: _____

DISCONTINUATION:

Discontinuation noted by: _____ Date: _____