



APPLICATION FOR SUSPENSION OF CANDIDATURE / LEAVE OF ABSENCE / COUNTING TIME AWAY / COMPLETING AWAY

POSTGRADUATE RESEARCH STUDENTS ONLY

If you are applying for a suspension you must return this form to the Student Administration Office no later than March 25th for semester one or full-year suspension, or August 25th for semester two suspension. Applications past these dates will adversely affect your Research Training Scheme entitlements. Coursework students must discontinue from any courses they are currently enrolled in before this application is submitted. Please return this form to the Student Administration Centre. Please note that you need to notify the Faculty that you wish to recommence candidature a month prior to the start of semester.

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

SECTION A: (To be completed by the student)

Name: _____ SID: _____

Address: _____ Postcode: _____

Phone (Day): _____ (Mobile): _____

Email: _____

Degree: _____ Principal Study: _____

Full-time/Part-time: _____ Supervisor/Teacher: _____

Degree Commencement date: _____ Latest Completion Date: _____

Total Period of Previous Suspensions: _____

Total Period of Previous Extensions: _____

SUSPENSION OF CANDIDATURE:

One Semester Two Semesters

Suspension commencing: _____

Reason for Request: _____

Signature: _____ Date: _____

or LEAVE OF ABSENCE: (specify)

From: _____ To: _____

NB: Suspensions are granted in semester lengths. Leave of absence is granted for less than a full semester.

Reason for Request: _____

Signature: _____ Date: _____

or COUNT TIME AWAY: (tick as required)

- One Semester Two Semesters Other (Specify)

Supervision arrangements whilst away: _____

Reason for Request: _____

Signature: _____ Date: _____

or COMPLETING AWAY:

Work already completed: _____

Detailed timetable for completion: _____

Reason for Request: _____

Signature: _____ Date: _____

SECTION B: (To be completed by Supervisor)

Comment on the candidate's request and where appropriate, on the information supplied on Section A. 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 period.

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 C41, UNIVERSITY OF SYDNEY NSW 2006**

SECTION E: (To be completed by Student Administration)

Total period of previous Suspensions: _____

New completion dates: Earliest: _____ Latest: _____

Suspension/Leave of Absence (delete as appropriate) Approved: _____

Permission to Count Time Away from: _____ To: _____

Permission to Complete Away granted from: _____

Candidate record updated by: _____ Date: _____

Letter sent to candidate by: _____ Date: _____