



APPLICATION TO SUSPEND COMMONWEALTH SCHOLARSHIP

Please complete this form and return it to Scholarships Office. **Please print clearly.**

Student Number: _____

Title: _____ Given Name/s: _____ Family Name: _____

Address for correspondence: _____

Suburb _____ P/Code: _____

Telephone number: _____ Usyd E-mail: _____

Faculty: _____ Degree: _____

Name of Scholarship: _____

Proposed suspension period: from ____ / ____ / ____ to ____ / ____ / ____ Duration: _____

Reason/s for suspension:

PLEASE ATTACH ANY RELEVANT DOCUMENTATION (e.g. medical certificates/faculty letter etc.) TO SUPPORT YOUR REASON STATED ABOVE

Signed (Scholarship holder): _____ Date: ____ / ____ / ____

Please note; this form is only an application to suspend your scholarship. Please contact your Faculty directly to request approval to suspend your candidature.

Office use only:

I recommend/don't recommend suspension of this student's scholarship for:

Signed: _____ Date: ____ / ____ / ____

Due to reenrol : _____ End date of scholarship: _____

Entered in FlexSIS: _____ Confirmation letter sent: _____