Recommencement INFORMATION

1. ESSENTIAL INFORMATION

Approval(s) must be obtained before this application is lodged to the Faculty, or it will not be processed.

2. WHO SHOULD APPLY?

Local postgraduate students who are at the end of your approved suspension period should complete this form to notify the Faculty Office your intention to recommence your candidature.

Students intending to apply for further suspension should complete the application form for suspension.

International Students will need to contact the International Office regarding their recommencement.

3. WHEN TO APPLY?

Applications should be submitted no later than 30th November for recommencement in Semester 1 and 31st May for Semester 2.

Failure to do so, your candidature will be regarded as having lapsed, and you will be required to re-apply for admission to a new candidature.

4. REQUIRED APPROVAL(S)

Coursework Students: Your application must be approved by your Postgraduate Coordinator.

Research Students: Your application must be approved by your Head of School and your Supervisor.
Recommencement APPLICATION

SECTION A: (to be completed by the candidate)

Family Name: ___________________________ Given Names: ___________________________ SID: ___________________________

Address: __________________________________________________________________________

Phone: (Work) ______________________ (Home) ______________________ Email: ________________________________

Degree: __________________________________ Coursework / Research in School: ____________________________

☐ I intend to recommence my candidature from the following semester: ____________________________

Signature: ___________________________ Date: ___________________________

SECTION B: (to be completed by Supervisor, for research students only)

I approve / reject the request.

Comments: __________________________________________________________________________

Signature: ___________________________ Date: ___________________________

SECTION C: (to be completed by Postgraduate Coordinator or Head of Department/School/Center)

I approve / reject the request.

Comments: __________________________________________________________________________

Signature: ___________________________ Date: ___________________________

Approval(s) must be obtained before this application is lodged to the Faculty.

RETURN THIS FORM IN PERSON, VIA MAIL, OR FAX TO:
Postgraduate Section
Faculty of Science
Carslaw Building F07
University of Sydney NSW 2006

Faculty Of Science Counter Hours:
Mon to Thurs: 10am-4pm
Friday: 10am- 1pm

Telephone +61 2 9351 3021  Fax +61 2 9351 4846
email info@science.usyd.eu.au