THE UNIVERSITY OF SYDNEY

Postgraduate Section
Faculty of Science

Notification of Withdrawal/Discontinuation of Candidature

SECTION A: (to be completed by Candidate)

Student Status: ☐ Local ☐ International

Degree: ☐ PhD or ☐ MSc **Attendance:** ☐ Full-time or ☐ Part-time

Name: _____ **SID:** _____

Address: _____

Phone: (Work) _____ **(Home)** _____ **Dept:** _____

Email: _____

Supervisor: _____ **Associate Supervisor(s):** _____

Degree Commenced (month/yr): _____ **Latest Date of Completion (month/yr):** _____

Requested Withdrawal/Discontinuation date: _____

Reason for Withdrawal/ Discontinuation _____

_____

_____

_____

_____

Signature: _____ **Date:** _____

SECTION B: (to be completed by Supervisor)

Noted by Supervisor

Comments: _____

_____

_____

_____

Signature: _____ **Date:** _____

SECTION C: (to be completed by Head of Department/School/Centre or delegate)

Noted by Head of Department/School/Centre

Comments: _____

_____

_____

_____

Signature: _____ **Date:** _____

SECTION D: (to be completed by Associate Dean/Dean)

Associate Dean/Dean's Signature: _____ **Date** _____

Board of Postgraduate Research (where applicable) _____