Extension of Loan Repayments Application Form

Scholarships and Financial Support Service || Student Support Services
Level 5, Jane Foss Russell Building G02, University of Sydney NSW 2006
Ph: + 61 2 8627 8112   Fax: + 61 2 8627 8480   Email: student.financialsupport@sydney.edu.au

Privacy Statement
The information you supply on this form will be used in the assessment of your application for an extension of loan repayments and the loan collection process. Only University staff whose duties include the provision of financial support or financial operations and systems have access to the information except in the case of default when University associates responsible for collection of the debt may have access to the information. You have the right to access and correct personal information held about you by the University. For further information about The University of Sydney’s Privacy Policy see: www.sydney.edu.au/arms/privacy/policy. Privacy enquiries should be directed to the University’s Privacy Officers whose contact details are on the website.

Personal Details
Student No.: __________________________   Telephone number/s: __________________________
Surname: _________________________________  Given Names: _______________________________________

PLEASE NOTE:
All financial support documents will be addressed and sent to your nominated correspondence address. It is your responsibility to ensure that the University has your correct correspondence address. Review and update your address at www.sydney.edu.au/myuni.
All email advice relating to financial support matters will be sent to your University email address.

Fortnightly Budget

<table>
<thead>
<tr>
<th>Fortnightly Living Expenses (2 weeks)</th>
<th>Fortnightly Income (2 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>Youth Allowance</td>
</tr>
<tr>
<td>Gas, electricity, phone</td>
<td>Youth Allowance</td>
</tr>
<tr>
<td>Food, housekeeping</td>
<td>Austudy</td>
</tr>
<tr>
<td>Lunch</td>
<td>Abstudy</td>
</tr>
<tr>
<td>Fares</td>
<td>Employment</td>
</tr>
<tr>
<td>Educational incidentals</td>
<td>Parents</td>
</tr>
<tr>
<td>Other</td>
<td>Scholarship</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
</tbody>
</table>

Deficit or surplus of fortnightly income compared to expenses: $ __________________

Assistance and Repayment How have your financial circumstances changed since your loan application and why do you need an extension of your loan repayments?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Length of extension requested (e.g., 1 month)? _____________________________

Have you previously requested an extension on this current loan:       Yes ☐      No ☐

Declaration By Student Applicant

I (name) ____________________________________ Of (address) _______________________________________
declare the information that I have provided to be true and accurate. I acknowledge that false and misleading
information may result in forfeiture of all rights and privileges associate with access to Student Loans and Bursaries
and may lead to debt recovery practices being implemented.

Signature of Applicant _________________________________________________________

Made and signed before me in Sydney this ________________ day of __________________________ 20_________

Signature of Scholarships and Financial Support Staff Member ____________________________________________

Office Use Only

Recommendation to Director, Student Support Services

Extension on previous loan: Amount owing _________________    Loan fund_____________________________

Proposed Revision of Repayments

______________________________________________________________________________________________

No Extension at Present ☐

Recommendation

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Referrals Made

______________________________________________________________________________________________

Recommendation Approved ☐    Not Approved ☐

Signed: _____________________________    Date: _____________________________