

APPLICATION TO SUSPEND UNDERGRADUATE SCHOLARSHIP

Please complete this form and return it to the Scholarships Office via email or post – see top-right for addresses.

Student Number: _____
Title: _____ Given Name/s: _____ Family Name: _____
Telephone number: _____ USYD E-mail: _____
Faculty: _____ Degree: _____
Name of Scholarship: _____
Proposed suspension period: from ____ / ____ / ____ to ____ / ____ / ____ Duration: _____
Reason/s for suspension: _____ _____
Please attach relevant documentation – (e.g. medical certificates, evidence of carer commitments) to support your reason stated above
Signed (Scholarship holder): _____ Date: ____ / ____ / ____

Please note; this form is only an application to suspend your scholarship.

Office use only:	
I recommend/don't recommend suspension of this student's scholarship:	
Signed: _____	Date: ____ / ____ / ____
Due to re-enrol : _____	End date of scholarship: _____
Entered in Sydney Student: _____	Confirmation email sent: _____