



SUSPENSION / DISCONTINUATION OF CANDIDATURE

This form must be lodged with Student Central, Faculty of Health Sciences

Student Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Family Name	Given Names							
Course Name		Degree Code							
Postal Address		State			Postcode				
Contact Number (H)		Mobile			USYD email				
Please tick if appropriate:		<input type="checkbox"/> I am an international student							
International students, please note:									
1) Suspending or discontinuing your studies will have implications on the status of your student visa. If you have any questions or concerns, please contact compliance@io.usyd.edu.au .									
2) Suspension of candidature will not be granted for enrolment at another institution.									

Please complete the appropriate section:

I wish to discontinue my course from: Semester ____, 20____

Discontinuing your course means that you are completely terminating your enrolment in the course. If you decide to resume studies in the same course, you will have to re-apply and compete for a place in accordance with the University's application process for that course.

I wish to suspend my candidature from: Semester ____, 20____

Length of suspension: Number of semesters: _____

Your course progression may be impeded if you suspend your candidature. You must discuss your intended suspension with your course coordinator and seek approval prior to lodging this form.

If approved, you will receive formal confirmation of your suspension of candidature which will include information on how to recommence your studies at the end of your suspension.

Reason/s for suspension/discontinuation of candidature:

(Please attach relevant supporting documents if appropriate)

Note: Lodging this application after 31 March for Semester 1, or 31 August for Semester 2, will incur financial and/or academic penalties.

By signing, I confirm that I have read and understood all of the above.

Signature _____ Date _____

Faculty of Health Sciences: internal use only

Application approved Application NOT approved

Comments:(optional) _____

Coordinator's signature _____ Name _____ Date _____