



APPLICATION FOR SUSPENSION OF CANDIDATURE

THIS FORM MUST BE LODGED WITH RESEARCH AND INNOVATION OFFICE ('G' BLOCK) FACULTY OF HEALTH SCIENCES, LIDCOMBE

Form fields for personal and contact information: Title, Family Name, Given Name/s, Student Number, Course Name, Course Code, Postal Address, Mob/Telephone, Email. Includes checkboxes for local and international research student status and a note about suspension consequences.

SUSPENSION OF CANDIDATURE REQUESTED FOR: Semester __, 20__ / Semester __, 20__

Reason/s for Suspension of Candidature:

(Please attach relevant supporting documents)

Four horizontal lines for providing reasons for suspension of candidature.

Your course progression may be impeded if you suspend your candidature. You must discuss your intended leave with your Supervisor prior to lodging this form.

Student signature _____ Date _____

Internal Use Only section with checkboxes for Supervisor's Approval, Faculty Research Group PG Coordinator, and Faculty Research Group Convenor.

Note: Applications received after 31 March (in first semester) or 31 August (in second semester) will be subject to financial and/or academic penalties. Further information is available on the following websites: www.fhs.usyd.edu.au, www.usyd.edu.au/studentcentre, and www.goingtouni.gov.au/