



## Graduate Research School Advice of Return from Leave/Suspension

# RL

### IMPORTANT

This form must be completed and returned to the **Graduate Research and Scholarships Office, Hackett Hall - M358 or Fax 6488 1919** within **five days** of your leave expiry date.

### STUDENT DETAILS

**SURNAME:** \_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_ **TITLE:** (Dr, Ms, Mr, Miss etc) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_  
**Please ensure that your Student Email Account has been activated**

**SCHOOL:** \_\_\_\_\_

**SCHOLARSHIP/S:** \_\_\_\_\_

**DEGREE:** Doctor of Philosophy  Master of

I returned from leave/suspension on: \_\_\_\_\_

I returned from study away/overseas study on: \_\_\_\_\_

*Scholarship holders only (where applicable)* – I have completed and submitted a Stipend Claim form to resume payment of my award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COORDINATING SUPERVISOR/HEAD OF SCHOOL/GRADUATE RESEARCH COORDINATOR

I confirm that the above-named student has recommenced study

**Coordinating Supervisor:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Head of School/Graduate Research Coordinator:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Callista Updated: \_\_\_\_\_

Enrolment confirmed \_\_\_\_\_