

This form is to be used for application to **SUSPEND** research higher degree candidature and scholarship or both. It is for use by scholarship and non-scholarship holders. Please note that applications for suspension must be made in advance as no approval will be granted retrospectively. Students must refer to the information on <http://www.postgraduate.uwa.edu.au/students/candidature/suspension> before completing the form. This form should be forwarded to the Graduate Research School, Hackett Hall (M358).

1. STUDENT DETAILS

FAMILY NAME: _____ **STUDENT ID:** _____

GIVEN NAMES: _____ **TITLE:** Mr, Ms, Mrs, Dr, etc _____

SCHOOL: _____ **TELEPHONE NO:** _____

DEGREE: _____

DOMESTIC STUDENT **INTERNATIONAL STUDENT** - Student Visa expiry date: ___/___/___

If you have held a scholarship in the past 12 months please complete the following:

| Name of scholarship/s: | Expiry date of scholarship/s: |
|------------------------|-------------------------------|
| 1. | |
| 2. | |
| 3. | |

2. REQUEST

| | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | Suspension of Candidature ONLY - Students may apply to suspend their enrolment for up to a total of twelve months throughout the duration of their candidature. All requests for suspension must be endorsed by the Graduate Research Coordinator and Coordinating supervisors(s). Students who have suspended their enrolment are still required to lodge an Annual Report by the usual due date. The suspension will be lifted the day following the date nominated for resumption of candidature and students should go to Student Connect at http://www.studentadmin.uwa.edu.au/welcome/student_connect to check their enrolment is correct. | From: |
| | | To: (Inclusive) |
| <input type="checkbox"/> | Suspension of Scholarship ONLY affects expiry date of the Scholarship - Students must advise the Scholarships Officer as soon as they are aware that a suspension of their award is required. Failure to advise the office in sufficient time may result in an overpayment that must be recovered. Candidature undertaken during suspension of the award will be deducted from the tenure of the scholarship. | From: |
| | | To: |
| <input type="checkbox"/> | Suspension of Scholarship AND Candidature - Periods of study undertaken towards the degree during suspension of a scholarship will be deducted from the tenure of the scholarship. Scholarship holders should, therefore, suspend their candidature for the same period as the scholarship if they do not wish to reduce the period of tenure of award. After returning from a period of suspension, students must complete a Stipend Claim Form, signed by the supervisor and submitted to this office to recommence payment of their award. | From: |
| | | To: |

3. REASON/S FOR REQUEST (To be completed by student)

4. SIGNATURE OF STUDENT

I note that it is my responsibility to return to study by the approved date OR, to apply for a further period of suspension if I am unable to return by the date approved.

PLEASE NOTE: Scholarship holders are required to notify the Graduate Research School when they resume their studies and must also submit a Stipend Claim Form for payment of the award(s) to recommence.

Signature:

Date:

International Students Only: I am aware of the student visa implications that this application may cause and that I'm required to contact the Department of Home Affairs for visa related enquiries (Please tick and sign below)

(International Student signature)

(Print name)

Date

5. COORDINATING SUPERVISOR OR PRINCIPAL & COORDINATING SUPERVISOR AND GRADUATE RESEARCH COORDINATOR - APPROVAL AND COMMENT

(To be completed by coordinating supervisor – please comment on the reasons for this request, indicating approval or otherwise).

| | |
|--|--|
| | |
|--|--|

Coordinating Supervisor OR Principal & Coordinating Supervisor signature:

Date:

Coordinating Supervisor OR Principal and Coordinating Supervisor name (please print):

Graduate Research Coordinator signature:

Date:

Graduate Research Coordinator name (please print):

6. JOINT SCHOOL (if applicable):

Coordinating Supervisor signature:

Date:

Coordinating Supervisor name (please print):

Graduate Research Coordinator signature:

Date:

Graduate Research Coordinator name (please print):

7. GRADUATE RESEARCH SCHOOL OFFICE USE ONLY

Approved

Not approved

Associate Director, Graduate Research School, OR
Manager, Graduate Research Candidature

Date

Candidature Office Init: Date:

Scholarships Office Init: Date:

Finance Office Init: Date:

(notified if required)

Action Required: