



POSTGRADUATE SECTION
Application for Suspension / Leave of Absence / Total Discontinuation of Studies
INTERNATIONAL STUDENTS ONLY

- Suspension of Candidature
 Leave of Absence
 Total Discontinuation of studies
 Counting Time Away
 Complete Away

INSTRUCTIONS TO CANDIDATES - PLEASE READ CAREFULLY:

As full-time study is a requirement for all International students who hold an Australian Student Visa, the International Office is required to notify the Department of Immigration and Citizenship (DIAC) within 14 days of your ceasing studies, either as a Suspension or as a Total Discontinuation. **If you are applying for a Suspension for one semester for either medical or extenuating compassionate reasons, and you can provide appropriate supporting documentation, DIAC may permit you to retain your student visa.** If you intend leaving Australia during the period that you have suspended your studies, please contact the closest DIAC office (131 881) to make an appointment to confirm your visa status prior to departing. If you are suspending your studies for any other reason you will need to apply for another visa to resume studies. Please email compliance@io.usyd.edu.au if you need further advice as to how your Suspension will affect your student visa.

You must return this form to the Faculty of Science office **no later than 16th March** for Semester One for full-year suspensions, or **3rd August** for Semester Two suspensions. **APPROVALS WILL NOT BE GRANTED RETROSPECTIVELY UNDER ANY CIRCUMSTANCES.** Please have this form signed by your Supervisor and Head of School **before** returning to the Postgraduate Section, Faculty of Science, University of Sydney NSW 2006. Please note that, if your application to suspend is successful, you must advise the Faculty that you wish to recommence candidature 6 weeks prior to the start of the semester in which you intend to recommence. Coursework students will be withdrawn from Units of Study upon approval of this form by the Assoc Dean. **Research students holding a scholarship should also note any obligations you may have to notify your Scholarship provider of any and all periods of absence NB: it is your responsibility to notify the Scholarships provider of your absence.**

The Faculty will notify the IO when your request has been assessed. PLEASE NOTE: this may take up to 2 weeks, depending upon when you submit the form.

You must attach documentary evidence of either your illness or other exceptional compassionate circumstances to this form.

SECTION A: (to be completed by the candidate)

Student Attendance Status: Full-time or Part-time

Degree Name: _____ Research or Coursework

First Name: _____ Last Name: _____ SID: _____

Postal Address: _____

Phone: (Work) _____ (Home) _____ Email: _____

School: _____ Degree Commenced (yr/sem): _____

Supervisor (Research students only):

SECTION B: (to be completed by the candidate)

SUSPENSION: (tick as required) One Semester Two Semesters

Suspension commencing - Semester 1 Semester 2

LEAVE OF ABSENCE: **From:** _____ **To:** _____
(Research students only)

TOTAL DISCONTINUATION: Commencing - Semester 1 Semester 2

(Students who totally discontinue will need to reapply for admission as new students if they wish to return to the University at a later date.) Students who wish to transfer to another provider must indicate this change and the precise reasons for it. Students on a student visa must request a letter of release from the University (International Office) if changing provider, and must contact DIAC before changing provider.

Reason for Request (ALL candidates):

Please indicate the supporting documentation you have attached:

Medical certificate

Other (specify): _____

Signature: _____ Date: _____

SECTION D: (to be completed by Supervisor – Research students only)

Comments on the candidate's request and where appropriate, on the information supplied.

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ Date: _____

SECTION E: (to be completed by Head of Department/School/Centre or delegate for Research students; or by Postgraduate Co-ordinator for Coursework students)

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ Date: _____

PLEASE FORWARD TO THE POSTGRADUATE SECTION, FACULTY OF SCIENCE, CARSLAW BUILDING, F07

SECTION F: (to be completed by Faculty Office)

Total period of *previous* Suspensions: _____

New completion dates: Earliest date _____ Latest date _____

Suspension/Leave of Absence (delete as appropriate) Approved: _____

Associate Dean's/Dean's Signature : _____ Date: _____

Letter produced and IO notified: Initials: _____ Date: _____

Postgraduate Studies Committee (where applicable): _____